



City and County of Kingston upon Hull

ANNUAL REPORT

UPON THE

HEALTH

of KINGSTON UPON HULL

FOR THE YEAR

1957

ALEXANDER HUTCHISON

Medical Officer of Health and Principal School Medical Officer



Health Committee, 1957-58

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COUNCILLOR J. W. SMITH, Deputy Chairman

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" G. K. SPRUIT

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Staff of the Health Department

Medical Officer of Health :

ALEXANDER HUTCHISON

Deputy Medical Officer of Health :

JOHN G. CAIRNS, M.B., Ch.B., D.P.H.

Senior Medical Officers :

School Health Service : ALASTAIR M. R. CANN, M.D., M.R.C.S., L.R.C.P., D.C.H.

Care and After-Care : ALAN H. FAIRLAMB, M.B., B.S., C.P.H., D.P.H.

Maternity and Child Welfare : MARGARET I. HENDRIE, M.D., D.P.H., D.C.H.
D. Obst. R.C.O.G.

Assistant Medical Officers :

(Combined duties in Maternity and Child Welfare, School Health and Port Health Services)

GEOFFREY R. WALKER, M.B., Ch.B., D.P.H., D.T.M.

KATHLEEN A. WILSON, M.B., Ch.B., B.A.O., L.M., D.P.H.

CHRISTINE N. R. CAMPBELL, M.B., Ch.B.

ELIZA J. CARSON, M.B., Ch.B., B.A.O.

JEAN M. BARROWMAN, M.B., Ch.B.

JOSEPH TONG, L.M.S.S.A. (Lond.), C.P.H. (Leeds)

SAMUEL KLINGER, M.D. (Vienna)

MARGARET M. BELL, B.A., M.B., B.Ch., B.A.O., D.C.H., D.P.H.

FRANCES W. MOYES, M.B., Ch.B.

BRYAN REFFOLD, M.B., B.S.

ALLEN V. HOLLINGWORTH, M.B., Ch.B., M.R.C.S., L.C.R.P.

Nursing Officers :

Superintendent : FLORENCE HOLDEN, S.R.N., S.C.M., H.V.CERT., Q.I.D.N.

Deputy Superintendent : DORIS MILLER, S.R.N., S.C.M., M.T.D., H.V.CERT., Q.I.D.N.

Health Visitors :

Tutor : MIRIAM HUDSON, S.R.N., S.C.M., H.V.CERT., TUTORS' CERT.

32 Health Visitors ; 6 Students

Midwives :

Non-Medical Supervisors : MAUD B. GREENLEY, S.R.N., S.C.M.

EDITH R. WIRTH, S.R.N., S.C.M.

Superintendent (Part II Training School) : GLADYS BOLTON, S.R.N., S.C.M.,
MID. TEACHERS' CERT.

43 Midwives

District Nurses :

Acting Superintendent : ELSIE JONES, S.R.N., S.C.M.

45 Female Nurses, 5 Male Nurses

Home Helps :

Organiser : MURIEL M. FIELD

1 Assistant Organiser and 201 Home Helps

Tuberculosis :

Consultant Chest Physician : ROBERT HARDY, M.D., D.P.H. (Part-time)

5 Tuberculosis Visitors

Staff of the Health Department—continued

Mental Health :

Senior Mental Health Worker : ERIC ELLIOTT, R.M.P.A., R.M.N.
9 Mental Health Workers

Occupation Centre Supervisors :

JUNIOR Vacant
ADULT (Male) HENRY PARSONS
ADULT (Female) EDNA TOWNHILL
Matron, St. Mungo House MARGARET HOBSON, S.R.N.
9 Assistant Supervisors ; 3 Instructors ; 4 Attendants

Food Inspection :

Chief Food Inspector : S. RHODES, F.R.S.H., F.A.P.H.I.
Senior Food Inspector : L. R. GOURD, M.A.P.H.I.
5 Food Inspectors

Sanitary and Housing :

Chief Public Health Inspector and Chief Housing Inspector :
A. C. SAWORD, D.P.A., F.R.S.H., F.A.P.H.I.
Deputy Chief Public Health Inspector : H. HARRISON, F.R.S.H., M.A.P.H.I., A.M.I.S.E.
Senior Inspectors : Housing—E. R. BOOTH, M.R.S.H., M.A.P.H.I.
Smoke and Offensive Trades—J. BOOTH, M.A.P.H.I.
Factories and Shops—A. BLADES, M.A.P.H.I., D.I.S.A.A.
Food and Drugs—H. SMITH, F.A.P.H.I.
Lodging Houses—L. H. SMITH, M.A.P.H.I.
19 District and Special Inspectors, 18 Student Inspectors.

Ambulance Service :

Chief Ambulance Officer : R. G. YATES
Deputy Ambulance Officer : F. J. GRANT
81 Ambulance Driver/Attendants

Clerical :

Chief Clerk : G. PATRICK, D.P.A.
Deputy Chief Clerk and Senior Administrative Assistant : J. H. WILSON
Senior Section Clerks : G. WISE, D. E. MONSON, E. WHEELBAND, A.C.I.S., D.P.A.,
H. CHAPMAN, H. A. TIPLADY, F. N. HIND, D.M.A., D.P.A., A. S. ATKINSON
65 Clerks

SUMMARY :

	Whole-time	Part-time
Medical Staff	16	—
Clerical Staff	73	1
Inspectorial Staff	51	—
Nursing (including Students)	168	9
Mental Health	31	—
Disinfecting	7	—
Domestic Helps and " Sitters-up "	48	211
Domestic Workers	10	42
Ambulance (including Maintenance)	92	—
Medical Auxiliaries	2	1
Rodent Operatives, &c.	22	—
Others	6	12
Totals	526	276

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GUILDHALL,

KINGSTON UPON HULL,

June, 1957.

My Lord Mayor, Ladies and Gentlemen,

I have pleasure in presenting to you my sixth Annual Report for the City for the year ended 31st December, 1957, and have included in the volume a report on the School Health Service for that year.

The number of deaths from cancer of the lung and the bronchus continues to increase, being 18 more than in 1956. The disparity between males and females is greater than before, 145 males to 18 females. During the year the Medical Research Council's findings on the relationship between smoking and lung cancer were published and these emphasised the direct relationship between lung cancer and cigarette smoking. If the number of cigarettes smoked per head continues to increase as it has done over the past few years, and if the findings of the Medical Research Council are correct, then the outlook is indeed grim. The problem must be tackled in the young because once middle life has been attained, in the great majority of cases it is too late to do anything and at that age people are most loathe to change a habit which they have had for many years. Health Education can play a tremendous part in this campaign and it will.

The crude death rate was the lowest ever recorded in the City. The other statistics remained much the same as the year before, but the Department must remain ever vigilant and seek every possible means of reducing the infant, neo-natal and perinatal mortality. No doubt the new extensions to the Maternity Hospital at Hedon Road will help to play some part in this campaign. At the instigation of the Ministry of Health, discussions took place between the local General Practitioners, the Consultant Obstetricians and the Public Health Department on the best methods of the prevention of the toxæmias of pregnancy, and the findings of the Sub-Committee set up to deal with this matter have been circulated to all General Practitioners in the City. Toxæmias of pregnancy as a whole are on the increase but their effect can often be disastrous on the woman and on the unborn foetus. The proposed extension of the Maternity Hospital, with its new Pædiatric Unit, should in some way help to reduce not only the toxæmias of pregnancy but also the infantile mortality rate.

In co-operation with the Pædiatricians, the General Practitioners and the Public Health Department, two District Nurses were specially trained at the Western General Hospital in the nursing of sick children, in order to relieve the hospitals and also to avoid children being taken away from their parents and

from familiar surroundings. The best use has not yet been made of this scheme as in many instances the nurses are being used merely to give injections and not for actual skilled nursing. It is hoped that better use will be made of the nurses in the future.

Three more refresher courses for midwives have been held and each has been a notable success. 298 midwives have attended these courses from all parts of the country and the programmes have been stimulating both to the visitors and to members of our own Department. In the clinics the mothercraft and relaxation classes are now well established and there is a growing demand for more. Classes are held by midwives, health visitors and a physiotherapist and there is no doubt that the teaching the mothers receive helps them both during labour and in the care of the baby afterwards. Child welfare clinics have been well attended and it is particularly pleasing to see the number of toddlers who now come regularly. The system of sending birthday cards with an invitation to come to the clinic has helped a great deal in this respect.

The home help service is more fully used in each succeeding year, and is a particularly vital one in times of crisis such as during the Asian 'flu epidemic. During this period it was necessary to engage casual workers to meet the increased demand which was made on a service itself depleted by sickness. Almost all the full-time home helps have now attended a training course where, besides receiving instruction in household management, they are told of the work in other branches of the Health Department and made to realise that they are members of a team.

No major outbreak of infectious disease occurred in the City but one fairly large outbreak of dysentery at one of the general hospitals caused a fair amount of inconvenience at the Hospital. The co-operation between the Hospital and the Public Health Department was excellent and the wards were re-opened in the minimum time. Influenza vaccine was received from the Ministry of Health just about the time that the epidemic of influenza reached this City. At one time over forty per cent. of school children were away from school, and the sickness rate in the City both in school children and in adults was high. The epidemic lasted three or four weeks and collapsed quite suddenly, but during the period when it was at its height the General Practitioners in the City had a very trying time, but they coped with the situation magnificently. By the end of October, the sickness rate in the City was more or less normal.

Immunisation against poliomyelitis was continued energetically throughout the year and by December 4,721 children had completed a course of immunisation. It was, however, unfortunate that the supplies of vaccine which were made available were insufficient to meet the current demands and at the end of the

year 5,079 children from the original registrations were awaiting poliomyelitis vaccination. Towards the end of the year authority was given by the Ministry of Health to offer immunisation to all children between the ages of six months and fifteen years of age. In addition to these children, other groups such as doctors and their families, expectant mothers, ambulance drivers and their families, and nursing staffs were to be given the opportunity to avail themselves of poliomyelitis immunisation. The response to this offer was excellent and in all a total of 39,496 individuals were registered for poliomyelitis vaccination. The total number awaiting immunisation at the end of the year, therefore, was 44,575. The registration of these new groups has been made possible by the magnificent efforts of the clerical staff and by the help afforded to the Department by the Education Authority.

Work commenced on the new Ambulance Station to replace the dilapidated premises in Scarborough Street and Waterloo Street. It is hoped that this new Station, which will accommodate all the vehicles operated by the Health Department, will be available by July 1958. It is situated in Osborne Street in a most central and advantageous site.

A Day Centre for the care and after care of persons suffering from mental illness was opened during the year. It was decided to name this centre "Pashby House" in honour of the excellent work done by Alderman Pashby over a great number of years in the field of mental health. The scheme is operated jointly with the Regional Hospital Board but it is yet too soon to determine the success or otherwise of this venture. The junior Occupation Centre moved from Anlaby Road to the new premises—the Holden Centre—at Tweenykes Road. The Centre was officially opened on the 10th December by R. H. M. Thompson, Esq., M.P., Parliamentary Secretary to the Minister of Health. It can accommodate 135 children and is, in the words of Mr. Thompson "the largest Occupation Centre in England." It is situated in most pleasant surroundings and the interior of the building leaves nothing to be desired. The Froghall Lane Clinic which has been closed for some time is to be re-opened as an annexe to the George Yard Male Adult Occupation Centre. The boys will carry out gardening there and a small football pitch is being laid out for their use. This is a service which is very much appreciated, not only by the boys but also by the staff. The Female Adult Occupation Centre in Holderness Road, and the Low Grade Centre which is a pioneer of its kind in England, continue to do excellent work. Plans are now being drawn up for a new Adult Centre adjacent to the Holden centre in Tweenykes Road.

The problems of home safety and the prevention of accidents in the home have received more attention during the year. In this connection, a Home

Safety Week was held in the City during November. Displays were exhibited in the larger clinics, posters and book marks were issued to the Central Library and five private lending libraries. With the kind co-operation of the Yorkshire Electricity Board there was a display of electric appliances in relation to home safety in one of the windows in the Ferensway Showrooms. Lectures on Home Safety were also given to the Association for the Blind, Parent-Teachers Associations and Old People's Clubs during the week.

Certain provisions of the Clean Air Act came into operation on the 31st December, 1956, and the City Council decided in principle in November to make three Smoke Controlled Areas, *i.e.* No. 1 (Central) Area, No. 2 (Longhill Estate) Area, and No. 3 (Greatfield Estate) Area. These will be the first Smoke Controlled Areas in the City and it is hoped to bring them into operation by June 1959. 5,371 properties extending over 518 acres will be involved.

In July the Rent Act, 1957, came into operation. The result was that there was a tremendous amount of work placed upon the Department owing to the new legislation. In the first six months of the year under the old legislation, 13 applications were made for Certificates of Disrepair compared with 606 in the second half of the year. This caused a considerable increase of work for the inspectorial and clerical staffs but by the end of the year the procedure for issuing Certificates of Disrepair was working very smoothly.

Discussions continued during the year in regard to the Corporation's proposed new slaughterhouse. A deputation was received by the Ministry of Agriculture, Fisheries and Food, and much progress was made. It was on Public Health grounds that the Minister agreed to the Corporation going ahead with plans for this much needed facility in the City. The large variety and volume of food dealt with by the Food Inspector's Department throughout the City and on the docks gives some idea of the importance of this work. We are fortunate in being able to have a 100% examination of carcase meat.

Dr. Davies, the Deputy Medical Officer of Health, was appointed Medical Officer of Health and Principal School Medical Officer for the County Borough of Huddersfield. He took up duties on the 3rd March. During his time with me he was a most admirable colleague who worked exceedingly well with all members of the Department and who did excellent service for the Corporation.

I have also to report that Dr. I. M. McCullough was appointed Senior Medical Officer for Maternity and Child Welfare for the County Council of Derbyshire. She left us on the 18th August after a period of seven years in the Department. Dr. McCullough was an officer to whom nothing was a trouble and she was always willing and ready to help out in any emergency. Indeed she volunteered to do Port boarding duties and thus created history in Hull as being the first woman Port Boarding Medical Officer.

I wish both these officers every success in their future careers.

May I be allowed to say a few words about the press. They have indeed been friends of this Department and have reported most accurately the proceedings of the Health Department, indeed they have done a tremendous amount to help this Authority in their Health Education campaign and I cannot speak too highly of them.

The staff continue to be an enthusiastic and loyal band of colleagues. Many are the tasks which have been placed before them but they have always risen to the occasion and the work of the Department has gone on unhampered and with a healthy and refreshing swing. In their relationships with the public they have made an excellent impression and from all sources I have heard praise of their efforts to promote the Public Health.

Finally, I would like to pay tribute to the Chairman and Members of the various Committees and Sub-Committees dealing with health matters, who have on all occasions supported and encouraged me.

I have the honour to be,

Your obedient Servant,

ALEXANDER HUTCHISON,

*Medical Officer of Health and
Principal School Medical Officer.*

PART I

STATISTICS

SOCIAL CONDITIONS

GENERAL HEALTH SERVICES

VITAL STATISTICS

Area of City in Acres	14,493	
Census Population at 8th April, 1951	299,105	
	1957	1956
Estimated Mid-year Home Population	300,500	300,200
Marriages	2,521	2,576
Marriage-rate per 1,000 population.....	16.78	17.16
Live Births	5,500	5,578
1957— <i>Legitimate</i> : Male 2,647 ; Female 2,550. <i>Illegitimate</i> : Male 166 ; Female 137.		
Crude birth rate per 1,000 population.....	18.30	18.58
Adjusted birth rate per 1,000 population.....	17.57	17.84
Stillbirths.....	137	140
1957— <i>Legitimate</i> : Male 64 ; Female 64 : <i>Illegitimate</i> : Male 6 ; Female 3.		
Rate per 1,000 total (live and still) births.....	24.30	24.48
Deaths (all causes).....	3,144	3,220
Crude death rate per 1,000 population.....	10.45	10.72
Adjusted death rate per 1,000 population.....	12.96	13.27
<i>Maternal Mortality—</i>		
Deaths from all causes	3	4
Death rate per 1,000 live births.....	0.54	0.71
Death rate per 1,000 live and still births.....	0.53	0.70
<i>Infant Mortality—</i>		
Deaths of infants under 1 year of age.....	161	161
1957— <i>Legitimate</i> : Male 85 ; Female 69. <i>Illegitimate</i> : Male 6 ; Female 1.		
Death rate of infants under 1 year of age		
All infants per 1,000 live births	29.27	28.86
Legitimate infants per 1,000 legitimate live births	29.63	28.30
Illegitimate infants per 1,000 illegitimate live births...	23.10	38.33
<i>Neo-Natal Mortality—</i>		
Deaths of infants under 1 month of age.....	104	107
Rate per 1,000 live births.....	18.91	19.18
*Perinatal Mortality	40.45	39.17
Deaths from Gastritis, Enteritis and Diarrhoea (under 2 years)	4	3
Rate per 1,000 live births	0.73	0.54

*Perinatal Mortality is stillbirths plus deaths under 1 week per thousand live and stillbirths.

	1957	1956
Number of inhabited houses (excluding houses and shops) according to Rate Books.....	90,176	89,411
	Year ended 31st March	
	1958	1957
The rateable value of the City	£3,059,565	£3,320,193
Rate in the £ (excluding Water Charges).....	21s. 4d.	18s. 6d.
Gross Product of a 1d. General Rate.....	£12,748	£13,834

Births and Deaths. Mortality in Kingston upon Hull in 1957 was lower per 1,000 of the population than in any year since records were kept.

The following table shows the crude birth rates and death rates for each of the last 5 years and at 10 yearly intervals from 1900.

TABLE I

Year	No. of births	Birth rate per 1,000 population	No. of deaths	Death rate per 1,000 population
1957	5,500	18.3	3,144	10.4
1956	5,578	18.6	3,220	10.7
1955	5,413	18.1	3,240	10.8
1954	5,490	18.3	3,205	10.7
1953	5,704	19.1	3,265	10.9
1950	5,825	19.3	3,476	11.5
1940	4,984	18.6	4,089	15.3
1930	6,288	20.6	3,833	12.5
1920	8,469	29.1	3,834	13.2
1910	8,014	29.1	4,253	15.2
1900	7,820	32.7	4,610	19.2

The births and deaths in Kingston upon Hull were spread over the year as follows :

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Deaths	790	713	710	931
Births	1,413	1,360	1,398	1,329

It is generally expected that the greatest number of deaths will occur in the first quarter of each year, but in 1957, as will be seen from the above figures, it was during the fourth quarter that the highest mortality occurred. Indeed, in comparing the figures with those for the previous few years, the number of deaths in 1957 during the first quarter was about 200 less than the average, whilst deaths in the fourth quarter were about 100 more than usual. Deaths from respiratory diseases (other than tuberculosis) accounted to a large extent for the differences in both quarters.

Area Comparability Factors. The area comparability factors for this City as notified by the Registrar General are 0.96 for births and 1.24 for deaths. The adjusted birth-rate is therefore 17.57 per 1,000 population and the adjusted death-rate 12.96.

Male and Female Deaths. There were 1,756 deaths of males and 1,388 deaths of females. This was a greater disparity than usual, there being only 79 deaths of females to each 100 deaths of males. Assuming similar proportions of males to females in the City's population as at the 1951 Census (143,117 males ; 155,988 females), the respective death rates were 11.2 per 1,000 males and 9.6 per 1,000 females.

The main diseases with heavier fatality in males were :—

	<i>Male</i>	<i>Female</i>
Respiratory Tuberculosis	37	9
Malignant neoplasm, lung and bronchus	145	18
Bronchitis	157	64
Coronary disease, angina	257	164

In contrast the main diseases with heavier mortality in females were :—

	<i>Male</i>	<i>Female</i>
Vascular lesions affecting central nervous system ..	186	229
Heart diseases (excluding coronary disease, angina, and hypertension with heart disease)	206	250

Cancer. The number of deaths from cancer, including leukæmia and aleukæmia, was fewer than the previous year, being 628 as compared with 644 in 1956, the actual death rates being 2.09 in 1957 and 2.13 in 1956. Cancer is the cause of one out of every five deaths in the city. Although there was a reduction in the overall total of deaths, the decrease was not uniform in relation to the various sites of the disease, a noticeable drop of 32 in the fatal cases of cancer of the stomach, contrasting with an increase of 18 deaths from cancer of the lung and bronchus. This disparity between male and female deaths from cancer of the lung and bronchus was even greater this year than formerly, being 145 males to 18 females. Whilst over 60 per cent. of deaths from all causes now occur at over the age of 65 years it is tragic to note that the reverse applies to cancer of the lung and bronchus, over 60 per cent. of the fatal cases being under the age of 65 years.

Heart Diseases. There were 927 deaths due to coronary disease, angina, hypertensive heart disease and other heart diseases ; this was 29.5 per cent. of all deaths. The comparable figures for 1956 were 1,020 deaths and 31.7 per cent. Although these figures represent a substantial proportion of the total deaths, it must be noted that more than seven out of ten deaths from heart disease occur at over the age of 65 years. The combined death rates from all heart diseases were 3.1 per 1,000 of the population in 1957 and 3.4 in 1956.

TABLE II—PRINCIPAL SITES OF FATAL CANCER, 1957

SITE OF DISEASE		AGE GROUP					Totals	Grand Totals
		0-20	20-40	40-60	60-80	Over 80		
Buccal Cavity and Pharynx	M.	—	—	1	4	2	7	12
	F.	—	1	1	3	—	5	
Digestive System and Peritoneum	M.	—	3	31	87	13	134	224
	F.	1	2	13	53	21	90	
Respiratory System	M.	—	3	57	81	5	146	167
	F.	—	3	3	11	4	21	
Uterus	F.	—	2	12	8	1	23	23
Other Female Genital Organs	F.	—	1	9	10	2	22	22
Breast	M.	—	—	—	1	—	1	46
	F.	—	—	12	26	7	45	
Male Genital Organs	M.	1	—	—	14	10	25	25
Urinary Organs	M.	—	1	3	11	3	18	19
	F.	—	—	—	—	1	1	
Skin (scrotum excepted)	M.	—	—	1	—	1	2	3
	F.	—	—	—	1	—	1	
Brain and other parts of the nervous system	M.	1	—	7	5	—	13	16
	F.	—	—	2	1	—	3	
Other or Unspecified Organs	M.	5	4	17	14	2	42	64
	F.	2	1	8	11	—	22	
Total	M.	7	11	117	217	36	388	621
	F.	3	10	60	124	36	233	

N.B.—These figures have been compiled locally and may not agree with those of the Registrar-General which have been used elsewhere in this Report.

Vascular Lesions of Nervous System. There were 415 deaths in this classification (chiefly cerebral thrombosis or cerebral hæmorrhage), giving a rate of 1.38 per 1,000 population. Approximately, 80 per cent. of the deaths from vascular lesions of the nervous system occurred at over the age of 65 years.

Pneumonia, Bronchitis and other non-Tuberculous Respiratory Diseases. Deaths from these diseases numbered 462, the majority being due to pneumonia and bronchitis. The combined death rate was 1.5 per 1,000 population. During the period September to November there was an epidemic of Asian-type influenza, further details of which are included in the section of this Report dealing with infectious diseases.

Accidents in the Home. There were fewer deaths from accidents in the home during 1957 than for some years past. Deaths from this cause were 34, and once again most of these were as a result of elderly people falling. There were 4 deaths from burns and scalds, including that of a girl of 16 years whose dress caught fire whilst she was getting ready to go out for the evening. The following table summarises the deaths from accidents in the home during the six year period 1952-57 inclusive :—

Deaths due to Accidents in the Home
Summary, 1952-1957

CAUSE	SEX	AGE					TOTAL
		0-4	5-14	15-44	45-65	65 and Over	
Falls	M.	2	1	—	2	39	44
	F.	2	—	—	6	105	113
Burns and Scalds	M.	5	2	—	—	4	11
	F.	7	4	4	3	12	30
Other	M.	11	1	3	5	5	25
	F.	5	—	3	3	17	28
Totals		32	8	10	19	182	251

The above table brings a number of points into focus. Firstly, the deaths of females outnumber the deaths of males by more than two to one, and secondly, two out of every five deaths are of females aged 65 or over who have accidentally fallen. The danger to females of inadequately guarded fires is well illustrated. Part of this danger is due undoubtedly to the nature of feminine attire which is usually looser and flimsier than that of males, but how many lives would be saved if mirrors were never hung above fire-places? It is pleasing to note that local authorities have realised the seriousness and extent of the problem of accidents in the home, and workers in the health field are giving the question much greater attention. The number of deaths is only a small indication of the sorrow and suffering arising from what is virtually an unknown total of accidents occurring in or around the home. It is certain, however, that a large proportion of the accidents can be classified as "preventable" and this constitutes a challenge which must be met.

DEATHS FROM ROAD VEHICULAR ACCIDENTS

The Coroner has been good enough to supply the following information on the fatal road accidents which occurred in his area during the year.

29 inquests were held in connection with fatal accidents due to the use of a vehicle in a street or "public highway." Of this number, 23 were in respect of accidents which occurred in Hull and 6 in regard to accidents outside the city boundary.

A summary of the facts established in the 23 local cases is as follows :—

Pedestrians (14) 8 knocked down when crossing the road (4 by motor cars, 2 by omnibuses, 1 by a motorcycle, 1 by a motor van), 2 knocked down by motor cars whilst walking along the highway, 1 knocked down by a motor van whilst walking along the dock road; 2 children were knocked down by motor cars whilst running across the road; 1 child was run over by a motor lorry after falling off the pavement edge.

1 was a passenger in a motor car which collided with another motor car.

2 fell off moving omnibuses.

Pedal Cyclists (5) 1 was knocked down by a motor van, 2 by omnibuses, 1 whilst overtaking a motor-lorry and 1 by a run-away caravan.

Motor Cyclist (1) fell off motor cycle on to the roadway.

AGE PERIODS OF PERSONS KILLED

Age Period	Under 5 years	5-14 years	15-24 years	25-44 years	45-64 years	65 years and over	Total
Males	2	—	1	2	5	5	15
Females	1	1	—	—	3	3	8
Total	3	1	1	2	8	8	23

Fifty Years Ago. In 1907, approximately 78 per cent. of all deaths in Kingston upon Hull were of persons under the age of 65 ; about 23 per cent. were of children under 1 year of age. The comparable figures for 1957 were just less than 40 per cent. under the age of 65 and approximately 5 per cent. under 1 year of age.

TABLE III—PRINCIPAL CAUSES OF DEATH, 1957

DEATHS IN AGE GROUPS OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT

CAUSE OF DEATH	Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 years and over	All Ages		Total Deaths in 1956
									Male	Female	
Tuberculosis of Respiratory System	—	—	1	1	10	20	14	—	37	9	46
Tuberculosis, other forms	—	1	—	—	1	1	—	—	1	2	3
Syphilitic Disease	—	—	—	—	1	4	2	—	8	1	9
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—
All other diseases classified as infective and Parasitic	1	—	—	—	1	1	1	1	2	3	5
Malignant Neoplasm, stomach	—	—	—	—	4	35	27	27	56	37	93
Malignant Neoplasm, lung, bronchus	—	—	—	—	10	94	41	18	145	18	163
Malignant Neoplasm, breast	—	—	—	—	2	15	12	20	1	48	49
Malignant Neoplasm, uterus	—	—	—	—	5	14	4	2	—	25	32
Other malignant and lymphatic neoplasms	—	2	2	6	16	104	83	70	169	114	283
Leukemia and Aleukemia	—	3	1	1	—	4	4	2	10	5	15
Diabetes Mellitus	—	1	—	—	—	2	3	3	4	5	9
Vascular lesions affecting central nervous system	—	—	—	—	6	73	131	204	186	229	415
Coronary disease, angina	—	—	—	—	5	131	140	145	257	164	421
Hypertension, with heart disease	—	—	—	—	—	10	20	20	30	50	67
Other heart diseases	—	1	—	—	1	69	90	287	206	250	456
Other circulatory diseases	—	—	—	—	3	10	29	73	49	68	117
Influenza	—	—	2	2	8	22	15	5	36	18	54
Pneumonia	35	4	4	1	1	38	37	51	99	72	171
Bronchitis	2	1	1	—	7	74	55	81	157	64	221
Other diseases of Respiratory System	3	1	—	—	1	5	6	4	11	5	16
Ulcer of Stomach and Duodenum	—	—	—	—	1	3	2	4	8	5	13
Gastritis, Enteritis and Diarrhoea	—	—	—	—	6	14	10	7	27	14	41
Nephritis and Nephrosis	—	1	1	2	—	3	12	21	36	—	36
Hyperplasia of prostate	—	—	—	—	2	—	—	—	—	—	—
Pregnancy, childbirth and abortion	—	3	2	1	2	3	—	—	—	3	3
Congenital malformations	29	—	—	—	—	—	—	—	—	—	—
Other defined and ill-defined diseases	84	3	6	2	15	48	45	31	113	118	231
Motor vehicle accidents	1	3	2	1	6	8	2	7	20	10	30
All other accidents	1	2	2	3	8	7	7	23	27	26	53
Suicide	—	—	—	2	12	21	12	5	34	18	52
Homicide and operations of war	—	—	2	—	1	1	1	—	3	2	5
Total	161	22	28	24	144	836	897	1122	1756	1388	3144
Total	3220										

Figures supplied by the Registrar General

TABLE IV
INFANT MORTALITY (NET DEATHS FROM STATED CAUSES UNDER ONE YEAR OF AGE)—1957

CAUSES OF DEATH	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	1st Week	2nd Week	3rd Week	4th Week	Under 1 Mth.	1/2 Mths.	2/3 Mths.	3/4 Mths.	4/5 Mths.	5/6 Mths.	6/7 Mths.	7/8 Mths.	8/9 Mths.	9/10 Mths.	10/11 Mths.	11/12 Mths.	Total	
																								1957	1956
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis (all forms)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not T.B.)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Convulsions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	38
Pneumonia (all forms)	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Diarrhea and Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Suffocation (Overlying)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth	1	1	3	2	—	1	—	—	2	—	—	14	—	—	—	—	—	—	—	—	—	—	—	4	—
Atelectasis	12	10	3	3	1	—	—	29	1	—	—	30	—	—	—	—	—	—	—	—	—	—	—	14	3
Congenital Malformations	6	1	3	5	—	—	—	15	2	1	—	20	—	—	—	—	—	—	—	—	—	—	—	30	29
Premature Birth	10	6	4	2	—	—	—	22	1	—	—	24	—	—	—	—	—	—	—	—	—	—	—	33	28
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30
Other Causes	7	1	1	—	—	1	—	10	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	24
Total	41	19	14	12	2	3	—	91	8	2	4	105	16	17	5	4	3	4	1	—	4	2	—	161	—
1956	42	15	7	14	2	1	3	84	10	8	8	110	6	4	11	10	2	6	4	4	—	2	2	—	161

These figures have been compiled locally and may not agree with those in Table III.

TABLE V

VITAL STATISTICS FOR THE YEAR 1957 IN RESPECT OF THE 21 WARDS IN THE CITY

District	Estimated Population	Area in acres, Land and Inland Waterways	Persons to an acre	No. of Births	Birth Rate per 1,000 Population	No. of Deaths	Death Rate from all causes per 1,000 Population	* No. of Deaths under 1 year	*Deaths under 1 year per 1,000 Live Births	† Perinatal Mortality Rate
Albert	8,719	285	30.6	270	31.0	120	13.8	14	51.8	46.9
Alexandra	14,956	598	25.0	327	21.9	142	9.5	7	21.4	35.9
Beverley	13,182	993	13.3	184	14.0	120	9.1	4	21.7	37.2
Botanic	12,752	248	51.4	309	24.2	147	11.5	13	42.1	53.3
East Central	6,507	170	38.3	181	27.8	75	11.5	7	38.7	32.4
West Central	9,812	120	81.8	262	26.7	100	10.2	5	19.1	37.3
Coltman	14,550	220	66.1	388	26.7	165	11.3	15	38.7	45.5
Drypool	6,659	381	17.5	171	25.6	61	9.2	9	52.6	66.7
Marfleet	12,396	1,401	8.9	155	12.5	109	8.8	4	25.8	37.7
Myton	3,713	263	14.1	113	30.4	76	20.5	5	44.2	25.9
Newland	16,518	705	23.5	198	12.0	200	12.1	4	20.2	29.9
North Newington	15,047	278	54.1	212	14.2	187	12.4	2	9.4	18.7
South Newington	12,385	332	37.3	239	19.3	155	12.5	9	37.7	64.8
Paragon	2,880	220	13.1	69	24.0	48	16.7	1	14.5	—
Park	9,109	214	42.6	223	24.5	122	13.4	6	27.0	35.4
Pickering	33,517	1,472	22.8	296	8.8	302	9.0	7	23.6	33.1
St. Andrew's	12,684	1,075	11.8	224	17.6	124	9.8	4	17.9	30.6
Southcoates	11,051	202	54.7	288	26.1	114	10.3	9	31.3	33.9
Stoneferry	18,012	1,610	11.2	235	13.0	190	10.5	7	29.8	41.5
Sutton	34,409	2,130	16.2	795	23.1	303	8.8	19	23.9	35.7
University	31,642	1,576	30.1	361	11.4	284	9.0	10	27.7	56.0
TOTAL	300,500	14,493	20.7	5,500	18.3	3,144	10.4	161	29.3	49.5 40.5

NOTES.—Ward populations have been estimated on the basis of the 1951 census figures.

* Most of the infantile mortality rates of wards are based on very small numbers and comparisons with other areas or earlier years may have little statistical significance; it is preferable to refer to the absolute numbers involved.

† Perinatal Mortality Rate is stillbirths plus deaths under 1 week per thousand live and stillbirths

NATURAL AND SOCIAL CONDITIONS OF THE AREA

METEOROLOGY

Meteorological records are kept by the General Superintendent of Parks at a Climatological Station in Pearson Park. Readings are taken daily at 9 a.m. and 9 p.m.

Particulars of the meteorological readings will be found in Table VI.

Eight feet above sea level

	1957	1956
Highest Mean Temperature	74 deg. 28th June	67 deg. 24th July
Lowest Mean Temperature	33.5 deg. 2nd December	23.5 deg. 1st February
Total Rainfall	24.94	26.24
No. of days on which rain fell	202	210
No. of sunless days	91	87
No. of hours of bright sunshine	1339.4	1251.2

Direction of prevailing wind :—

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
1957	11	57	5	39	32	115	14	56	36
1956	17	49	13	35	18	103	10	65	56

SUNSHINE AND RAINFALL FOR 1957 AND PREVIOUS 5 YEARS

	ANNUALLY		THIRD QUARTERS					
	Hours of Bright Sunshine	Inches of Rain	Hours of Bright Sunshine			Inches of Rain		
			July	Aug.	Sept.	July	Aug.	Sept.
1952	1,270	23.84	150.6	157.2	113.8	2.35	1.23	3.63
1953	1,279	21.40	185.7	201.6	156.2	2.20	2.52	0.68
1954	1,169	31.29	126.3	111.5	157.5	1.94	6.19	2.30
1955	1,494	19.68	241.3	160.2	153.2	.77	.77	5.3
1956	1,251	26.24	144.0	130.8	131.4	3.65	5.21	1.39
1957	1,339	24.94	122.6	124.9	124.5	3.29	3.10	3.46

TABLE VI

METEOROLOGICAL REPORT FOR THE YEAR 1957

	At Nine a.m. Local Time				Mean Relative Humidity	At Nine p.m. Local Time				Mean Temperature at 9 p.m. Readings	Under-ground Temperature		Total Hours of Bright Sunshine	Directions of the Wind							Total Rainfall					
	Mean Reading of					Reading of Self-registering Thermometers					At 1 ft.	At 4 ft.		N.	N.E.	E.	S.E.	S.	S.W.	W.		N.W.	Calm			
	Baro-meter	Attach ed Therm.	Dry Bulb Therm.	Wet Bulb Therm.		Max. in Air	Min. in Air	Min. On Grass																		
January	ins. 30.1	deg. 44.7	deg. 41.8	deg. 40.4	deg. 88	deg. 57	deg. 30	deg. 23	deg. 43.5	deg. 40.8	deg. 44.4	hours 33.9	ins. 1.64	1	4	2	2	14	3	3	2	1	64			
February	29.6	43.0	40.4	38.4	82	54	24	18	39	40.3	43.6	73.9	1.94	—	1	3	6	10	2	4	2	2	1	94		
March	29.9	48.8	47.5	45.5	85	66	35	25	50.5	44.8	43.9	81.3	1.51	1	2	7	4	12	3	—	2	1	51			
April	30.2	50.5	49.2	45.8	76	63	32	24	47.5	47.8	46.2	142.1	0.33	2	10	1	4	2	9	—	2	—	0	33		
May	30.1	54.9	54.3	48.5	63	70	31	24	50.5	52.3	48.8	195.9	1.14	3	8	2	4	2	8	—	3	1	1	14		
June	30.1	62.1	61.0	55.3	68	88	42	33	65	58.8	52.3	268.4	2.57	—	11	—	—	9	1	6	3	2	57			
July	29.9	64.3	62.3	58.3	77	79	50	45	64.5	64.5	56.3	122.6	3.29	—	5	1	2	8	1	9	5	3	29			
August	29.9	62.1	60.9	57.2	78	72	44	41	58	61.0	57.4	124.9	3.10	2	4	1	4	2	6	1	10	1	3	10		
September	29.9	57.0	55.7	52.4	78	68	40	37	54	55.9	55.7	124.5	3.46	—	3	3	1	8	1	10	4	3	46			
October	30.0	53.0	51.3	49.4	87	66	38	31	52	51.0	53.1	85.3	1.54	1	2	1	2	12	2	2	9	1	54			
November	30.0	50.6	44.5	42.8	86	55	27	19	41	45.5	50.0	51.5	2.23	1	4	—	8	4	8	—	3	2	2	23		
December	29.9	43.6	40.0	38.4	86	56	25	19	40.5	40.3	42.5	35.1	2.19	—	3	1	2	5	11	—	4	5	2	19		
Total or Average	29.9	52.8	50.7	47.7	79	66	34	28	50.5	50.2	49.5	1339.4	24.94	11	57	5	39	32	11	5	14	56	36	24	94	

TABLE VII—POPULATION OF KINGSTON UPON HULL

Year	Registrar General's Estimated Population, Mid-Year	Natural Increase or Decrease during year	Number of persons on G.P.'s. lists under National Health Service	Number of Parliamentary Voters on Register	No. on rolls of maintained schools—January
1953	299,400	+2,439	296,082	203,291	51,119
1954	300,000	+2,285	297,285	203,252	52,364
1955	299,600	+2,173	298,035	203,035	53,337
1956	300,200	+2,358	300,270	203,053	54,124
1957	300,500	+2,356	302,374	202,673	54,709

STATE OF EMPLOYMENT

Unemployment. Hereunder are particulars, kindly furnished by the Manager of the Kingston upon Hull Employment Exchange, in relation to unemployment as recorded by his Department.

	1957	1956
Average number of persons unemployed in one week of each month of the year :		
Men	2,584	2,012
Women	563	434
Juveniles	86	63
	<u>3,233</u>	<u>2,509</u>
Month in which " peak " period was reached	December	
Total in " peak " period of one week	3,704	
Month of lowest total of unemployment	August	
Total unemployed recorded in such month	2,772	

GENERAL HEALTH SERVICES

Registration of Nursing Homes. Supervision of registered nursing homes was carried out in pursuance of the Public Health Act, 1936, and the model bye laws issued by the Ministry of Health.

There were no new registrations during the year, so the number of nursing homes registered by the local authority remained at five. One home, however, was adapted to take maternity patients, so that at the end of the year there were two homes which took maternity cases, one home was mainly for surgical cases and two homes were for chronic medical cases.

Each nursing home was inspected during the year by the Senior Medical Officer (Maternity and Child Welfare).

There were 121 live births, 5 stillbirths and no maternal deaths in the registered private nursing homes during 1957.

X-Ray Facilities. The X-ray department at the East Hull Clinic dealt with 5,711 cases during the year, referred from the following sources :

Maternity and Child Welfare Section	.....	.....	125
School Health Service	.....	.....	133
Chest Clinics	.....	.....	4,545
After-Care Section (Medical examination of Corporation employees)	.....	.....	908

Medical Examinations. Medical officers of the Department carried out 358 examinations of Corporation employees in connection with the Sick Pay Scheme and 785 examinations in respect of new appointments, admissions to the Superannuation Scheme and fitness to continue in employment. The majority of the examinations were carried out at the East Hull Clinic and the After-Care Section offices at Lowgate, but in 46 Sick Pay Scheme cases employees were examined at their own homes.

In April, agreement was reached between the Health and Welfare Services Committees for the Medical Officer of Health to be responsible for the medical examination of blind workers at the Hull and East Riding Institute for the Blind for the purposes of their Sick Pay Scheme.

Open Spaces. Information supplied by the General Superintendent of Parks, etc., shows that there are in the city and immediately adjoining it, approximately 824 acres of Public Parks, Gardens, Recreation Grounds and open spaces owned

by the Corporation ; and particulars kindly furnished by the Chief Education Officer indicate other open spaces to include sites controlled by the Education Committee and prepared for school playing fields, of an area of 334 acres. Additional sites not prepared for this purpose total 172 acres.

Public Baths, Wash-houses, etc., The City Engineer has supplied the following particulars of attendances at the public baths and wash-houses during 1957 :—

Swimming Baths	....	....	....	....	....	421,567
Slipper Baths	....	....	....	....	....	182,349
Electro Medical, etc.	....	....	....	....	....	15,660
Wash-houses	....	....	....	....	....	82,533
						<hr/>
						702,109
						<hr/>

The total attendances for the years 1956 and 1955 were 660,120 and 680, 031 respectively.

City Mortuary. The public mortuary is situated in a disused burial ground in Castle Street. A properly equipped post-mortem room is attached and 403 post-mortem examinations were carried out there in 1957.

Inquests were held at the Coroner's Court, 181 George Street, until May when the Court was transferred to the new Police Headquarters in Queen's Gardens. Dr. Philip Science, Her Majesty's Coroner for the City, has kindly furnished the following statistics :

	1957	1956
Inquests and post-mortems (including post-mortems where inquests were found to be unnecessary)	788	699
Enquiries, etc., in connection with which there were no post-mortems	142	137
	<hr/>	<hr/>
	930	836
	<hr/>	<hr/>
Inquests with Jury, exclusive of adjournments	45	44
	<hr/>	<hr/>
Bodies accommodated at		
City Mortuary	427	425
Hospitals, etc.	503	411
	<hr/>	<hr/>
	930	836
	<hr/>	<hr/>

Most of the bacteriological work for this city is performed in the Medical Research Council's Public Health Laboratory, which is accommodated in the same building as the City Laboratories. The Public Health Laboratory is under the direction of Dr. J. H. McCoy, and serves as the bacteriological centre for a wide area of Yorkshire.

NATIONAL ASSISTANCE ACT 1948

Mr. G. H. Phillips Darley, Director of Welfare Services, has kindly supplied the following particulars about the working of the above-mentioned Act.

Section 21. Accommodation under the provisions of Section 21, National Assistance Act 1948, was provided during the year by the Welfare Services Department as follows :—

	<i>Residential</i>			<i>Temporary</i>		
	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
Welfare Services Hostel—						
160 Beverley Road	—	—	—	—	39	25
Welfare Services Hostel—						
188 Anlaby Road	91	—	—	—	—	—
Bilton House—						
Wivern Road ...	20	30	—	—	—	—
Dunbar House, Sutton	37	—	—	—	—	—
Ferriby House, North Ferriby	12	35	—	—	—	—
Hugh Webster House, St. Luke's Street	16	25	—	—	—	—
Manor House, North Ferriby	13	19	—	—	—	—
Mentone House, West Hill, Hessle	12	14	—	—	—	—
Rose Villa, Beverley Road	—	35	—	—	—	—
Westbourne House, Westbourne Avenue	—	37	—	—	—	—
Westgate House, Hornsea	10	31	—	—	—	—
Netherhall, Sutton	—	38	—	—	—	—
Wilton House, Holderness Road	18	24	—	—	—	—
Other Premises	—	—	—	7	13	59
Total	229	288	—	7	52	84

Included in the Grand Total above are 22 cases of evicted families, 6 of which remain, the balance of 16 being disposed of in the following manner :—

Found accommodation by own effort	11
Rehoused through Housing Department on approach by Welfare Services Department	3
Rehoused by Private Landlord on approach by Welfare Services Department	2

Accommodation under the provisions of Section 21 (4), National Assistance Act, 1948, was provided during the year by other Authorities who were reimbursed by this Authority as follows :—

		<i>Residential</i>			<i>Temporary</i>		
		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
East Riding County Council	....	—	3	—	—	—	—
West Riding County Council	....	—	5	—	—	—	—
County Borough of Oldham	....	1	—	—	—	—	—
Total		1	8	—	—	—	—

The need for accommodation was removed in a further 27 cases through disposal by the Welfare Services Department in the following manner :—

Rehoused through Housing Department	....	....	....	....	....	3
Rehoused through private landlords	....	....	....	....	....	2
Arrangements for accommodation at the Salvation Army Hostel and other Establishments (able-bodied men)	....	....	....	....	....	7
Returned to relatives following settlement of domestic upheaval through the medium of the Welfare Services Department intervention	....	....	....	....	....	3
Suspension of Eviction Notices or Orders to Quit following approach to agents or landlords by the Welfare Services Department	....	....	....	....	....	1
Fixed up with rooms	....	....	....	....	....	11

Section 47. In no case was action found to be necessary under the provision of Section 47, National Assistance Act, 1948.

Section 26. Under the provision of Section 26 the Welfare Services Committee made, during the year, financial contributions to 15 voluntary organisations in respect of residential accommodation provided by them, as follows :—

					<i>Men</i>	<i>Women</i>
Homes for the Aged....	....	....	....	....	21	32
Homes for the Deaf and Dumb	....	....	....	....	6	5
Homes for the Blind	....	....	....	....	13	7
Homes for Epileptics	....	....	....	....	10	5
Homes for Cripples	....	....	....	....	1	2
Total					51	51

Section 29. In pursuance of the provisions of Section 29, the Welfare Services Committee, through the agency of the Hull and East Riding Institute for the Blind, arranged for the employment of 98 men and women at the Institute's workshop in the following trades :—

Cane furniture	Basket-making	Brush-making
Mat-making	Knitting	Chair re-seating

Arrangements were made for the general welfare of the Blind and Partially-sighted in the city, totalling 689 blind persons and 164 partially sighted.

Incidence of Blindness. The following information has kindly been supplied through the Director of Welfare Services by Mr. A. Platt, Secretary and Manager of the Hull and East Riding Institute for the Blind.

During the year 184 Forms B.D.8. were received and the persons concerned were examined by the ophthalmic surgeons and dealt with as follows :—

Number certified as Blind	....	....	....	....	....	....	....	80
Number transferred from Partially Sighted to Blind Register	....	....	....	....	....	....	....	23
Number certified as Partially Sighted	....	....	....	....	....	....	....	37
Number Decertified from Blind Register	....	....	....	....	....	....	....	7
Number Decertified from Partially Sighted Register	....	....	....	....	....	....	....	2
Number examined and not considered to be either Blind or Partially Sighted	....	....	....	....	....	....	....	4
Number re-examined but no change in category	....	....	....	....	....	....	....	31

1. *Surgical Cases*

(a) Treatment successful	....	....	....	....	....	....	....	4
(b) Treatment refused	....	....	....	....	....	....	....	6
(c) Treatment received—unsuccessful	....	....	....	....	....	....	....	3
(d) No action owing to death	....	....	....	....	....	....	....	1
(e) Awaiting operation	....	....	....	....	....	....	....	3
(f) Unfit for treatment	....	....	....	....	....	....	....	4

—
21
—

2. *Medical Cases*

(a) Having treatment	....	....	....	....	....	....	....	8
(b) No action owing to death	....	....	....	....	....	....	....	1
								—
								9
								—

3. *Cases for Hospital Supervision*

(a) Received or receiving treatment	....	....	....	....	....	....	....	10
(b) Away at School	....	....	....	....	....	....	....	1
(c) No action owing to death	....	....	....	....	....	....	....	1
								—
								12
								—

Details of follow-up action in cases certified as Partially Sighted, and recommended for treatment :—

1. *Surgical Cases*

(a) Treatment unsuccessful	....	....	....	....	....	....	....	1
(b) No action owing to death	....	....	....	....	....	....	....	1
								—
								2
								—

2. *Medical Cases*

(a) Receiving treatment	....	....	....	....	....	....	....	1
								—
								1
								—

3. *Cases for Hospital Supervision*

(a) Transferred to Blind Register	....	....	....	....	....	....	....	1
(b) Receiving treatment	....	....	....	....	....	....	....	4
(c) Treatment unsuccessful	....	....	....	....	....	....	....	1
(d) Not fit for operation	....	....	....	....	....	....	....	1
								—
								7
								—

4. *Optical Cases*

(a) Treatment received	....	....	....	....	....	....	....	4
(b) Under school health service	....	....	....	....	....	....	....	4
(c) Treatment refused	....	....	....	....	....	....	....	1
								—
								9
								—

TABLE VIII

ANALYSIS OF CASES CERTIFIED AS BLIND—1957

	Con- genital Defect	Myopic Error	Glaucoma	Cataract	Con- genital Syphilis	Vascular Diseases	Diabetic Retino- pathy	Affections of Coats of the Eye	Other Primary Ocular Defects	Retrolental Fibroplasia	TOTAL
Number of Cases	3	16	8	27	1	8	8	19	12	1	103
History of Treatment :											
Not known	—	—	—	—	—	—	—	—	1	—	1
Incomplete	1	—	—	—	—	—	—	—	2	—	3
Treatment Refused	—	—	—	5	—	—	—	—	—	—	5
Condition not amen- able to treatment	2	11	1	2	1	8	8	15	5	1	54
Successful	—	—	1	1	—	—	—	2	—	—	2
None	—	2	1	16	—	—	—	2	1	—	22
Failed	—	3	5	3	—	—	—	2	3	—	16
Prognosis :	3	16	8	27	1	8	8	19	12	1	103
Irremediable	1	—	—	—	—	—	1	—	—	—	2
Likely to Deteriorate	1	16	6	19	1	8	7	18	8	—	84
Stationary	—	—	1	3	—	—	—	—	2	1	7
Potentially Remed- iable	—	—	—	2	—	—	—	—	—	—	2
Uncertain	1	—	1	3	—	—	—	1	2	—	8
Recommendations :	3	16	8	27	1	8	8	19	12	1	103
None	—	—	—	—	—	—	—	—	—	—	—
Medical	—	14	3	9	1	6	5	14	8	1	61
Surgical	1	—	1	—	—	2	3	1	2	—	9
Optical	—	1	—	17	—	—	—	2	—	—	21
Hospital Supervision	2	—	4	1	—	—	—	—	2	—	12
	3	16	8	27	1	8	8	19	12	1	103

TABLE IX
ANALYSIS OF CASES CERTIFIED AS PARTIALLY SIGHTED—1957.

	Congenital Defect	Myopia	Glaucoma	Cataract	Vascular Diseases	Affections of Coats of the Eye	Albinism	T To AL
Number of Cases	6	4	2	11	2	11	1	37
History of Treatment :								
Not known	—	—	—	—	—	—	—	—
Incomplete	—	1	—	1	—	—	—	2
Treatment Refused	—	—	—	1	—	—	—	1
Condition not amenable to treatment	5	2	—	1	2	11	—	21
Successful	1	—	2	7	—	—	—	10
None	—	1	—	1	—	—	1	3
Failed	—	—	—	—	—	—	—	—
Prognosis :	6	4	2	11	2	11	1	37
Irremediable	—	—	—	—	—	—	—	—
Likely to Deteriorate	—	1	1	4	2	8	—	16
Stationary	5	1	—	2	—	2	1	11
Potentially Remediable	—	—	—	—	—	—	—	—
Uncertain	1	2	1	5	—	1	—	10
Recommendations :	6	4	2	11	2	11	1	37
None	3	2	1	2	1	9	—	18
Medical	—	—	—	—	1	—	—	1
Surgical	—	1	—	1	—	—	—	2
Optical	2	1	—	4	—	1	1	9
Hospital Supervision	1	—	1	4	—	1	—	7
	6	4	2	11	2	11	1	37

OPHTHALMIA NEONATORUM

(i)	Total number of cases notified during the year	....	....	....	29
(ii)	Number of cases in which :—				
(a)	Vision lost	....	....	....	Nil.
(b)	Vision impaired	....	....	....	Nil.
(c)	Treatment continuing at end of year	....	....	....	Nil.

In pursuance of the provisions of Section 29, the Welfare Services Committee, through the agency of the Hull and East Yorkshire Institution for the Deaf and Dumb, made arrangements for the general welfare of the Deaf and Hard of Hearing, totalling 335 persons.

The following information has kindly been supplied through the Director of Welfare Services by the Rev. N. Dickinson Hennessy, Chaplain Superintendent of the Hull and East Yorkshire Institution for the Deaf and Dumb.

The total number of registered Deaf on the 31st December was 256, classified under the following age groupings :—

	<i>Males</i>	<i>Females</i>
16-20	19	8
21-50	70	58
51-64	25	22
65 and over	21	33
	<hr/> 135	<hr/> 121

The total number of Hard of Hearing on the register on 31st December was classified within the following age groupings :—

	<i>Males</i>	<i>Females</i>
16-20	—	—
21-50	8	8
51-64	11	19
65 and over	5	28
	<hr/> 24	<hr/> 55

The total number of Deaf and Hard of Hearing placed in employment from 1st January to 31st December, is 26.

Handicapped Persons (Other than the Blind, Partially Sighted, Deaf and Hard of Hearing).

Under Section 29 of the National Assistance Act, 1948, the Welfare Services Committee carried out the provisions of the Scheme for the Welfare of the Handicapped Persons, as approved by the Minister.

The total number on the register is at present 1,576, classified as follows :

<i>Category</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Amputations	45	20	65
Joint and Muscular Diseases	60	259	319
Congenital Deformities	8	20	28
Diseases of Heart, Digestive System, Genito-Urinary System, etc.	144	193	337
Injuries, Diseases, Paralysis, etc., of Trunk and Limbs	137	188	325
Psychoneuroses, Mental Deficiency, etc.	47	80	127
Epilepsy, Spastics, etc.	94	105	199
Pulmonary Tuberculosis	43	7	50
Tuberculosis other than Respiratory	4	6	10
General Diseases, Asthma, Diabetes, etc.	33	83	116
	615	961	1,576

EPILEPTICS AND CEREBRAL PALSY

A cerebral palsy clinic is held from time to time at the Park Avenue Special School and children of both school and pre-school age are seen there for diagnosis and treatment. These children include not only those attending the school but others who are treated as out-patients.

The existence of the clinic is well known and cases are referred by general medical practitioners, hospitals and the Maternity and Child Welfare section of the Health Department.

No special arrangements exist for the treatment of epilepsy but examination for diagnosis can be made at the school pædiatric clinics.

Most of the epileptic children attend ordinary schools except when this is not possible owing to other physical or mental handicap and except for a very small number who, owing to bad home conditions, are resident in epileptic colonies.

Normally, arrangements for the treatment of both epileptics and cerebral palsies are made by the general practitioner.

The following three tables show the incidence of epilepsy and cerebral palsy so far as it is known.

Epileptics

Attending ordinary schools	.....	38
Attending special schools—		
Day educationally subnormal	.....	5
Residential educationally subnormal	.....	1
Physically handicapped	.....	1*
Open Air	.....	2
Out of School	.....	—
Resident in epileptic colonies	.....	1

* Also spastic

Cerebral Palsies

Pre-school children	.....	2
Attending ordinary schools	.....	14
Attending special schools—		
Physically handicapped	.....	31†
Educationally subnormal	.....	4
Deaf	.....	4
Out of school	.....	1

† One child is also epileptic.

Of the total number of mental defectives under Statutory supervision :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number who are subject to epilepsy	20	20	40
Number who suffer in varying degrees from cerebral palsy	9	16	25
Number who are subject to epilepsy and also suffer in varying degrees from cerebral palsy	5	5	10

PART II

ENVIRONMENTAL HYGIENE
AND SANITATION

GENERAL INFORMATION

Water. The Water Engineer and Manager has kindly supplied the following information.

The supply throughout the year has been satisfactory in quality but towards the end of the year was restricted in quantity.

Bacteriological examinations are taken frequently and chemical examinations at varying intervals. The chloramine process is in operation, the normal dosage being 0.15 parts per million.

The water supplied by this Undertaking is not liable to have plumbo-solvent action.

All water leaving the pumping stations is bacteriologically pure and when new mains are laid or alterations take place ; such mains are sterilized before the water is put into circulation.

The number of dwelling houses and the estimated population supplied in the City and County of Kingston upon Hull area are 93,009 and 300,200 respectively. All the supplies taken from the Corporation's supply are direct main connections.

Drainage and Sewerage. The City Engineer reports that work has again been concentrated upon the West Hull and Haltemprice Joint Main Drainage Scheme. During the first half of the year work proceeded upon the installation of mechanical plant and electrical equipment, and the completion of internal finishings to the superstructure of the Humberside Pumping Station. The Station and the Western Branch Trunk Sewer were officially put into operation by the Minister of Housing and Local Government during July. Having in mind the size of this station, it has operated to date with complete success.

The small temporary pumping station at the junction of Hessle Road and Anlaby Park Road became redundant at the above time and is to be demolished by the Haltemprice Urban District Council in the near future. This scheme enabled 325 houses to be built in West Hull in advance of the completion of the Humberside Pumping Station.

The Contractor for the first section of the Northern Branch Trunk Sewer has continued to make good progress. All tunnel drives in compressed air along this length of 10' 9" diameter sewer from the Humberside Pumping Station to Spring Bank West were completed during the year and the brick and concrete

lining commenced in free air. It is anticipated that this section of the work will be completed by mid 1958 and that the Walton Street drainage bottleneck will thus be relieved. The main drainage difficulties in this area of the City, however, will not be completely eliminated until the completion of the whole of the Northern Branch Trunk Sewer, which will extend to the northern end of Hall Road, together with several branch sewers and connections.

This further section of the trunk sewer is now being constructed under two new contracts which were commenced during the late summer. The first contract extending from Spring Bank West to the Setting Dyke, east of National Avenue, consists mainly of the construction of approximately 1475 lin. yds. of 9' 10" dia. sewer in tunnel under compressed air. This contract is scheduled for completion by early 1960. The second contract extending from the Setting Dyke, east of National Avenue, via Bricknell Avenue, Fairfax Avenue to the northerly limit of Hall Road consists mainly of trunk sewers varying in size from 8' 6" dia. to 4' 6" dia., the total length being approximately 3,100 lin. yds., all of which will be carried out in open trench construction. The completion date for this contract is early 1961. Upon completion, the Northern Branch Trunk Sewer will permit further development in North Hull including the Orchard Park Estate as well as in the Cottingham area of Haltemprice. In addition, various overloaded sewers will be relieved, two sub-pumping stations will become redundant and the flow in certain agricultural drains will be intercepted into the trunk sewer, namely the Setting Dyke, the Cottingham and Newland Beck and the Cottingham Drain.

The policy of advising the restriction of development in certain areas of the City due to the lack of capacity in the existing sewerage system remains unchanged and will continue to operate until such time as those areas are relieved by the completion of the necessary main drainage works in both the eastern and western sections of the City.

Design work on the East Hull Main Drainage Scheme which will drain that area within the City between the River Hull and the Holderness Drain has continued. However, progress on this scheme has been limited, particularly during the first half of the year, because of the necessity to concentrate available staff upon the completion of contract documents and other work in connection with the commencement of the remaining contracts of the Northern Branch Trunk Sewer in West Hull mentioned above. The East Hull Main Drainage Scheme will necessitate the construction of a system of new trunk sewers, together with very substantial extensions to the existing East Hull Pumping Station on Hedon Road.

There is no further progress to report on the technical aspects of the scheme for the drainage of certain areas in the north of the City, East of the River Hull, by means of a separate treatment works.

Towards the end of the year, discussions took place in connection with the intended use of radio-active substances at the Hull College of Technology with special reference to the method of disposal of the resultant liquid radio-active wastes. Although this material will not be disposed of by the College authorities until its radio-activity has fallen to a safe level, there appears to be a danger that a build-up of radio-activity could take place over a period of time in parts of the sewerage system, for example, in sewers where material tends to settle out due to inadequate gradients or in the sumps of pumping stations. It has, therefore, been decided that these radio-active liquids together with all similar wastes which may arise from future industrial or other processes involving the use of radio-active materials, shall be separately disposed of by emptying them into the sewer outfalls on the discharge side of the pumping station. Facilities for this purpose can best be provided at the East District pumping station and outfall on Hedon Road.

Watercourses, Streams, etc. All watercourses and streams continued to receive attention with the object of preventing mosquito breeding, and spraying with larvicide was carried out where necessary. In the case of one dyke which forms part of the City boundary, the co-operation of the officers of the adjoining rural authority was obtained.

Public Cleansing. The Cleansing Services of the City are the responsibility of the Public Cleansing Superintendent and the main functions consist of :-

Refuse Collection and Disposal

Street Cleansing (including Snow Removal)

Control of Public Conveniences

Clearance work on Bombed sites

The following information has been supplied by the Public Cleansing Superintendent :-

Refuse Collection and Disposal :

	<i>Loads</i>	<i>Tons</i>
Total domestic and trade refuse collected	47,378	72,987
Disposal by separation and incineration	41,875	64,211
Disposal by controlled tipping	5,503	8,776
	47,378	72,987
Waste paper collected by special vehicles	1,547	876
Refuse from bombed sites (tipped)	135	274
Refuse delivered by private traders and disposed of as follows :		
By separation and incineration	1,738	667
By controlled tipping	2,376	2,376
Total refuse dealt with	53,174	77,180

Total refuse disposed of by means of controlled tipping :

Refuse collected by the Department	5,503	8,776
Refuse delivered by private traders	2,376	2,376
Refuse from bombed sites	135	274
Residual materials from Refuse Disposal Plant (Dust, Clinker, Debris, etc.)	10,673	38,686
Street Sweepings and gully detritus	2,574	5,135
	21,261	55,247

The number of premises from which refuse is collected weekly is 103,100, and business premises, particularly in the centre of the City, receive additional collections. These premises are divided into 33 districts each varying in size according to the nature of the premises in a particular area. The majority of districts are staffed by 2 vehicles and 6 men but where large capacity vehicles are employed these operate with a single vehicle and 4 men.

Waste Paper. The Paper Mills found it necessary to apply the Suppliers rationing scheme throughout the year and it was only possible to sell 1,261 tons of waste paper, cardboard &c., income being £11,015 from this source, a reduction of £1,238 on year 1956.

Scrap Metals and Steam. Price fluctuations for the sale of scrap metals and steam benefited the Department as under :-

	<i>Income 1956</i>	<i>Income 1957</i>
Scrap Metals	£17,977	£23,788
Steam	£8,310	£9,289

Tips. The problem of tipping space was eased during the year by obtaining tipping facilities at disused brickponds situated at Winestead, some 14 miles from the City Centre. Negotiations are proceeding for a further site at Catwick. To offset this advantage the Bilton Grange tip is nearing completion.

Street Cleansing. It is calculated that 47,526 miles of streets have been swept by hand and mechanical means during the year. The mileage of streets within the City is 254 $\frac{3}{4}$.

The number of gullies cleansed was 66,766 and in addition to the normal gully cleansing work, the gully machines were also employed on cleansing of cesspits, tanks, &c., on a rechargeable basis for private residents both inside and outside the City boundary.

For the first time for many years no measurable quantity of snow fell on the City. All the normal precautions to ensure immediate attention in the event of snow or frost were operated during the winter.

Public Conveniences. Negotiations are still proceeding for the provision of additional sites for lavatory accommodation in the City. In some cases plans have been approved and Bills of Quantities prepared, but construction has not yet commenced.

The total lavatory accommodation available within the City is 7 attended lavatories and 42 unattended lavatories and urinals.

The staff of the Department on 31st December was 583 men and the number of vehicles 108.

ENVIRONMENTAL HYGIENE AND SANITATION

This section of the Report, together with the following sections on Housing and Food and Drugs, deals with the work of the Public Health Inspectors. Upon reference to Table X it will be seen that the total number of inspections made during the year increased by 3,360 compared with the preceding year and there was a substantial reduction in the number of complaints received. The increased number of primary inspections and investigations was offset, however, by a corresponding reduction in the number of re-visits, thereby illustrating one of the difficulties arising from the continued shortage of inspectorial staff. Throughout the year there were 18 vacancies and the capabilities of the remaining staff were taxed to the utmost. Additional inspectorial work such as that arising from the Rent Act, 1957, the slum clearance drive and the Clean Air Act, 1956 could be met only by reducing the number of re-visits.

By the end of the year seven pupil inspectors had nearly completed their period of training and this should relieve the position to some extent next year. All efforts to obtain additional staff from elsewhere by advertising proved fruitless and, so far as can be foreseen, there is no likelihood of being able to make good our losses by local training alone before 1964.

The following table summarises the work carried out by the inspectors during 1957. Figures for the previous year are also included for comparison.

TABLE X

SUMMARY OF INSPECTIONS AND SUBSEQUENT ACTION

	1956	1957
Complaints registered	10775	8891
<i>Inspections and Investigations, etc.—</i>		
Houses (under Public Health Act)	12034	7810
Houses (under Housing Acts)	529	1414
Houses (for overcrowding)	276	168
Passages, Areas, etc.	612	594
Keeping of Animals and other statutory nuisances	29	58
Premises infested with—Rats or Mice	2442	2435
Insect Pests	1335	1986
Milkshops and Dairies	322	774
Ice-cream Premises	431	415
Caravans	426	433
Drainage	2010	2002
Visits re infectious disease	3191	3956
Miscellaneous	7108	7908
Offensive Trades Premises	<div> <div>{</div> <div>Day</div> <div>Night</div> </div>	<div> <div>3766</div> <div>1321</div> <div>1019</div> </div>
Smoke Observations and Inspections	1378	3011
Pigsty Premises	914	2072
Common Lodging Houses	<div> <div>{</div> <div>Day</div> <div>Night</div> </div>	<div> <div>582</div> <div>92</div> <div>51</div> </div>
Seamen's Lodging Houses	<div> <div>{</div> <div>Day</div> <div>Night</div> </div>	<div> <div>500</div> <div>90</div> <div>60</div> </div>
Houses-let-in-lodgings	<div> <div>{</div> <div>Day</div> <div>Night</div> </div>	<div> <div>795</div> <div>110</div> <div>62</div> </div>
Factories—General and Sanitary Provisions	735	761
Means of escape in case of fire	268	232
Shops (Observations and Inspections)	6541	8919
Shops (Sunday Trading)	863	817
Cinemas and Theatres	2	5
Bakehouses	304	265
Workplaces	183	285
Other Food premises	1093	1018
Totals	50282	53642
<i>Revisits and Re-inspections—</i>		
Houses (under Public Health Act)	5591	4499
Houses (under Housing Acts)	68	202
Factories—General and Sanitary Provisions	238	348
Miscellaneous	12437	9510
Totals	18334	14559

TABLE X—Continued

<i>Notices served—</i>	1956	1957
Informal	6844	4840
Statutory (under Public Health Act)	2773	2615
Infringements of Byelaws at registered premises	367	145
Other Letters, Verbal Notices and Reminders	5302	2415
Factories Act, 1937—Power Factories	26	14
Non-power Factories	2	—
Shops	102	45
Smoke Nuisances (P.H. Act, S. 102)	31	87
Other Food premises	34	56
Totals	15481	10217
<i>Result of Action taken—</i>		
Floors relaid or repaired	705	565
Walls and Ceilings repaired	2171	1526
Dampness of walls remedied	1349	872
Roofs repaired	1768	1170
Spoutings repaired	1705	1104
Fall-spoutings disconnected from drains	7	32
Windows repaired or made to open	996	797
Sinks provided	35	10
Premises cleansed and/or redecorated	16	—
Verminous houses disinfested	380	278
Verminous persons cleansed	68	77
Drains freed from obstruction	987	861
Drains relaid or repaired	207	125
Yards drained, paved or repaired	199	122
W.C.'s reconstructed or repaired, etc.	628	442
New W.C. pedestals or cisterns provided	599	225
Dustbins provided	2352	2086
Rat infested premises cleared	2301	2406
Smoke nuisances abated	136	74
Miscellaneous improvements effected and nuisances abated	2428	1608
Overcrowding abated	175	91
Noise nuisances abated	6	2
Contraventions remedied at registered premises	1041	922
Totals	20259	15395
<i>Houses in which defects were remedied—</i>		
By owners as a result of :		
Informal action	6016	4286
Notices under Public Health Act	2249	1766
By Local Authority in default of owners :		
Under Public Health Acts	1250	1073
Totals	9515	7125

TABLE XI

STATUTORY NOTICES SERVED DURING 1957

Act and Section under which served : (1)	No. of Notices served (2)	No. complied with (including those served in previous years and complied with in 1957) (3)	No. of Notices complied with by the Corporation in default of owner (included in Col. (3)) (4)	No. not complied with at the end of 1957 (5)
<i>Public Health Act, 1936—</i>				
Section 24—Sewers	203	176	43	138
Do. (as amended by Section 49 of the Kingston upon Hull Corporation Act, 1952)	925	892	85	730
Section 39—Drains etc.	138	159	49	39
„ 45—Water-closets	191	195	46	51
„ 56—Paving of : Yards	13	30	4	2
Courts	20	21	8	6
Passages	81	62	21	52
„ 75—Dustbins	170	156	12	26
„ 93—Nuisances	677	735	342	—
„ 103—Smoke nuisances	3	3	—	—
<i>Kingston upon Hull Corporation Act, 1952—</i>				
Section 51—Stopped-up drains	194	187	13	68
Totals	2,615	2,616	623	1,112

Legal Proceedings. 48 cases were referred to the Prosecuting Solicitor for legal action following failure of the owners to comply with statutory notices served under the provisions of the Public Health Act, 1936. 9 cases outstanding at the end of 1956 were also dealt with during the year. The number of cases in which legal proceedings were taken in 1956 was 82.

In 14 cases the owners carried out the work before summonses were issued, and summonses were withdrawn on payment of costs following satisfactory completion of work in 8 cases. Nuisance Orders were made in 8 other instances and the remaining 18 cases were awaiting Court Hearing at the end of the year.

The Prosecuting Solicitor was also informed of 3 persons who had failed to supply information concerning ownership of certain premises as required by Section 277 of the Public Health Act, 1936, and Section 170 of the Housing Act, 1957. In each case the particulars were furnished after letters of warning.

Details of legal proceedings respecting contraventions of the Food and Drugs Act, etc., will be found in the appropriate section of the Report.

Pigeons, Nuisances from. The number of pigeons living on buildings within the City is still in the region of several thousands, despite our efforts during recent years.

Under the provisions of Section 48 of the Kingston upon Hull Corporation Act, 1930, the Council are empowered to trap pigeons believed to have no owners. The birds are caught alive in large traps which are replenished daily with food and water. During the year, 667 birds were trapped compared with 1419 in 1956. Of the former number 93 were ringed birds, and after information concerning ownership had been obtained from the various Homing Unions, the owners were asked whether they desired the birds to be returned to them. A small fee was charged to cover the cost of transport and feeding during the time the birds had been in the possession of the Local Authority. Since 1951, 9,084 pigeons have been caught, thereby preventing new buildings in the City centre becoming breeding grounds.

ATMOSPHERIC POLLUTION

The Clean Air Act, 1956, is being brought into operation in easy stages by means of Orders specifying the "appointed day" for the commencement of various sections. The provisions now in operation include requirements concerning new furnaces, smoke density meters, height of new chimneys and smoke control areas. It is anticipated that the remaining sections of the Act will be brought into operation during the early part of 1958.

The Council lost no time in taking advantage of the new powers concerning smoke control areas and on the 7th November, 1957 decided "in principle" to make three smoke control areas as follows :-

No. 1 (Central) Area. This area comprises 730 premises and extends over about 74 acres. The buildings are mainly commercial and industrial, there being 305 shops and 233 suites of offices. It includes only 3 factories 29 houses and 50 flats. Among other buildings involved are the Guildhall, City Hall, Central Public Library, Police Headquarters, Dock Offices and Hull Royal Infirmary.

No. 2 (Longhill Estate) Area. This is a new Corporation housing estate covering 228 acres. At present it includes 2,160 dwellings, 4 shops and 2 schools but a further 135 dwellings and 1 school are to be erected.

No. 3 (Greatfield Estate) Area. This also is a new Corporation estate in the early stages of development. So far, 849 houses and one school have been completed, and a further 1,484 houses and 5 schools are to be erected.

Owing to the nature of the buildings in the central area, and to the high proportion which are already smokeless, only a relatively small amount of adaptation work will be necessary to enable the remainder to comply with the requirements of a smoke control order. The two new estates, in accordance with the general post-war housing policy, have been equipped from the beginning with fireplaces capable of burning coke.

These three areas have now been submitted to the Minister of Housing and Local Government and represent the commencement of a progressive policy which it is hoped will develop year by year, until the whole of the city, with the possible exception of certain highly industrial areas, will be covered by smoke control orders. The industrial areas will not be overlooked as smoke and dust from factories can be dealt with under other sections of the Clean Air Act.

The Beaver Committee recommended that all towns within the "black areas" (including Kingston upon Hull) should be dealt with by smoke control orders built up progressively over a period of fifteen years.

Observations and inspections :—

No. of half-hour smoke observations	....	....	....	....	....	1973
Smoke nuisances observed	....	....	....	....	....	99
Observations <i>re</i> grit and dust	....	....	....	....	....	454
Grit and dust nuisances observed	....	....	....	....	....	10
Inspections of industrial premises	....	....	....	....	....	*1133

* Including survey *re* smokeless areas.

Action taken :—

Verbal cautions given	....	....	....	....	....	58
Written cautions and letters	....	....	....	....	....	44
Statutory notices served	....	....	....	....	....	3
Legal proceedings instituted	....	....	....	....	....	—

Result of action :—

No. of nuisances abated	....	....	....	....	....	130†
No. of nuisances outstanding but receiving attention at end of year	....	....	....	....	....	22

† including cases outstanding at the end of 1956.



DOMESTIC SMOKE

Looking North from Neptune Street on a reasonably fine afternoon in winter.



INDUSTRIAL SMOKE
The problem of riverside steam cranes

Improvements carried out at the request of the Department :—

Alterations to boilers, furnaces or chimneys	52
Improved stoking of fuel	24
Arrangements for arresting dust and grit	17

Proposals concerning new boiler plant :—

No. of plans examined	27
No. passed without alteration	18
No. requiring alteration before approval	
re chimneys	4
re stokers and fuel	2
Other notifications received	16

In most cases the above mentioned plans had been submitted to the City Architect under the building Byelaws, and in accordance with long-standing practice, were examined by inspectors of the Health Department for matters covered by the Factories Acts, Clean Air Act, etc. When any unsatisfactory features were noted they were brought to the attention of the private architect concerned and rectified. No plans were submitted formally under Section 3(2) of the Clean Air Act, 1956.

87 complaints were received and upon investigation 8 of these could not be substantiated. The justifiable complaints concerned smoke from metallurgical works (5), steam boiler plant (23), miscellaneous smoke nuisances (16), nuisances from dust and grit (35).

One problem which arouses a number of complaints in this city is the low-level smoke emitted by small steam cranes working on the wharves along the banks of the River Hull, which runs through the central and most densely built-up areas of the city. These cranes are powered by small vertical boilers burning coal and it is impracticable to run them for any length of time without creating some smoke owing to the relatively small combustion space and the fact that they are hand-fired. The smoke is seldom really black in colour and therefore does not usually contravene the local bye-laws which lay down a limit of 2 minutes black smoke in any half hour. Nevertheless, the smoke is often fairly dense and is particularly annoying on account of the low level at which it is emitted and the fact that surrounding high buildings make dispersal difficult. The cranes are kept under frequent observation by the smoke inspectors and warnings are issued whenever there is any relaxation of care on the part of the operators. These warnings are taken seriously and at least one fireman was dismissed during the year for not maintaining sufficient care in stoking.

I am sure, however, that the real remedy for this particular problem lies in the eventual replacement of all such coal-fired cranes by cranes with oil-fired boilers, diesel engines or electric power. Most of the post-war installations along the riverside are powered by electricity or diesel engines, and it is a question of bringing the older installations into line with these. One of the old offending cranes has recently been replaced by a diesel grab. Another firm are to experiment with the use of an oil conversion kit on one of their old boilers, and if that is successful, they have promised to convert all their existing coal-fired cranes.

In the meantime, I look forward to the coming into operation of the wider powers contained in the Clean Air Act, 1956, and hope these will lead to an acceleration in the rate of progress towards the elimination of coal-fired cranes. The steam waggon has gone; the steam roller and steam train are going; it is high time that the coal-fired steam crane followed them into the museum.

The City Analyst has supplied the following information from his records of atmospheric pollution during 1957.

Gauge placed at :—	<i>Deposit Gauges</i>	<i>Tons per Square Mile per Month</i>		<i>Total (in tons) per sq. mile for year</i>
		<i>Maximum</i>	<i>Minimum</i>	
(1)	Pearson Park	26.9	9.9	212
(2)	Springhead Golf Course	14.3	6.6	117
(3)	Dunswell Waterworks	11.5	6.0	104

Smoke. The total weight of smoke collected during the year from the atmosphere outside the laboratories was 3.0 milligrammes per cubic foot of air, as compared with a figure of 3.4 for 1956.

Sulphur Gases. The average weights in milligrammes of sulphur trioxide collected per day on chemically treated cylinders each having an exposed surface of 100 square centimetres were as follows :—

<i>Year</i>	<i>Central Police Station</i>	<i>Kingston Square</i>	<i>Pickering Park</i>	<i>Sutton Road</i>	<i>Wawne</i>	<i>Evan Fraser Hospital</i>
1956	1.87	—	1.13	1.54	0.61	0.87†
1957	Discontinued	1.15*	1.07	1.68	0.67	1.00‡

* July–December only.

† Excluding January and February.

‡ Excluding May, November and December.

NOISE NUISANCES

Section 60 of the Kingston upon Hull Corporation Act, 1952, provides (briefly) that any excessive, unreasonable or unnecessary noise which is prejudicial to health or a nuisance shall be a statutory nuisance for the purposes of the Public Health Act, 1936.

During the year, 14 complaints of noise nuisances were received and 110 visits were made by the inspectorial staff concerning these cases and others which came to their attention in the course of routine work. Five verbal cautions were given and improvements were effected in 3 cases.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS AND REGULATIONS

Offensive Trades. The number of trades classified as "offensive" and operating in the City at the end of 1957 was 16, involving 115 premises, and including 95 premises in respect of which the Corporation's consent operates for a limited period. The following table shows the number of businesses classified according to the trade carried on :-

	1957
Bone Boilers	4
Fat Melters	5
Fat Extractors	2
Tallow Melters	3
Blood Driers	2
Fish Curers	54
Rag and Bone Dealers	20
Gut Scrapers	2
Tripe Boilers	2
Fish Manure Manufacturers	8
Fish Oil Manufacturers	5
Glue Maker	1
Leather Dresser	1
Fellmonger	1
Soap Boilers	3
Tanners	2
	<hr/>
	115
	<hr/>

Kingston upon Hull is the largest fishing port in the United Kingdom and some of the trades scheduled above deal with by-products of the fishing industry. Other trades, such as fish meal manufacturing, have been developed on an extensive scale, and although this has not been formally declared an offensive trade

under the provisions of the Public Health Act, and is therefore not included in the above table, it is undoubtedly the type of business which can give rise to nuisances from effluvia if there is the slightest relaxation in supervision at all stages of production. It is difficult to record the full extent of such work, especially as large quantities of fish for processing are brought into the city by road and rail from other ports, but one factory alone is able to deal with as much as 800 tons of raw fish daily, producing therefrom oil, meal, glue, manure, etc.

All premises used for offensive trades are subject to systematic day and night observations. During 1957, 3,733 day and 1,019 night inspections were made of these premises and other places where effluvium nuisances might arise. 4 complaints were received from the general public and prompt attention was given in each case. 9 complaints of obnoxious smells from other causes were also received. Seven informal notices were served and there were 36 verbal cautions and follow-up letters.

As a result of representations made by the Department, structural improvements were effected in 26 cases and improved operations to minimise possible nuisances in 17. Seven plans of new premises and plant were examined, 4 of which required alteration in order to conform with the Department's requirements. 55 contraventions of the Bye-laws were remedied.

Pig Keeping. The number of premises registered as complying with the local bye-laws was 221, provided with 754 sties. All such premises are subject to regular inspection.

Common Lodging Houses. These are governed by local bye-laws which have been designed to ensure good management of such houses, the taking of precautions in cases of infectious disease, the promotion of cleanliness, the limiting of the number of lodgers per room, and the proper separation of the sexes. At the end of the year there were 35 registered common lodging houses in the City containing 215 bedrooms or cubicles with accommodation for 561 single lodgers and 28 married couples.

Seamen's Lodging Houses. The comparatively large number of seamen's lodging houses in the City cater for the needs of the many seafaring men who necessarily frequent the port. The houses are licensed and regulated by the local bye-laws originally made under the Merchant Shipping Act to safeguard the interests of seamen. On the whole the houses are well conducted and give rise to no special problems. Seamen of the present day are well paid and their lodging houses compare favourably with most moderately priced hotels. It is, however, necessary to make frequent inspections, mainly to ensure the proper keeping of

records and the maintenance of a good standard of hygiene. A number of the smaller houses cater almost wholly for seamen of a particular nationality such as Arabs, Indians, Somalis, etc., but all the large houses, including those run by missionary bodies, provide accommodation for any nationality. The number of these houses on the register was 23 containing 567 bedrooms or cubicles with accommodation for 766 seamen.

Factories Act, 1937. The provisions of the Factories Act are enforced partly by H. M. Inspectors of Factories, and partly by local authorities. In factories where mechanical power is used local authorities enforce the requirements of Section 7 of the Act, and the Sanitary Accommodation Regulations, 1938, to ensure that suitable and sufficient sanitary accommodation is provided and maintained. In factories where mechanical power is not used, local authorities deal with sanitary accommodation and also cleanliness, overcrowding, temperature, ventilation and drainage of floors. In addition, factories of all classes are subject to the general public health law with regard to nuisances, etc., and factories processing food are subject to various provisions of the Food and Drugs Act.

The local authority is required by the Act to keep registers of all factories situated within their district. At the end of the year there were 414 non-power and 1,544 power factories on the Corporation's Register. 761 inspections, including 348 re-inspections, were made of factories and 51 contraventions were found. The infringements mainly concerned unsatisfactory conveniences.

Under the provisions of Section 34 of the Factories Act, 1937, it is the duty of occupiers of certain factories to make application to the local authority for a certificate to the effect that their premises are provided with sufficient means of escape in case of fire. During the year 57 applications for certificates were received and 101 certificates were issued. In one instance, it was found that the premises had already been issued with a certificate. Additional or improved means of escape were found to be necessary at 15 factories and the number put in order during the year was 16, including 6 from the previous year.

Plans for 175 new factories and alterations to existing factories were submitted for examination. Six such plans did not show sufficient means of escape in case of fire and in 3 other cases suitable sanitary conveniences were not indicated. In all cases the owners or architects were notified and undertook to comply with the requirements of the Authority.

Homework. Section 110 of the Factories Act requires occupiers of factories carrying out specified trades who employ workmen or contractors working outside the factory to keep in prescribed form and manner lists showing the names and addresses of all such persons. These persons are known as outworkers and a list of them must be sent to the District council during the months of February and August in each year. The main purpose of this Section of the Act is to ensure that the health of persons so employed is safeguarded and the Local Authority has power to forbid homework being carried on at premises where there is a case of infectious disease. This power is particularly applicable to trades dealing in wearing apparel and the Minister has power to include other types of work if he considers this to be desirable.

This Authority has on its register 70 firms who employ a total of 253 outworkers, 137 of whom are engaged in the making, cleaning, alteration, etc., of wearing apparel. Periodical inspections of their premises were carried out during the year.

All other provisions of the Factories Acts are enforced by H.M. Inspectors of Factories who are employed by the Ministry of Labour and National Service. These inspectors work in close co-operation with the Public Health inspectors of local authorities.

The following summary gives details of inspections made under the Factories Act and defects found :-

	<i>No. of Inspections</i>	<i>Notices Served</i>	<i>Verbal Cautions</i>
Factories (with mechanical power)	628	14	} 52
Factories (without mechanical power)	133	—	
Works of Building	37	—	
Work of Engineering	12	—	
	810	14	

The above figures include 231 inspections concerning means of escape from fire. (Visits to Bakehouses are recorded elsewhere.)

SUMMARY OF DEFECTS FOUND :

<i>Details</i>	<i>No. of Defects</i>	
	<i>Found</i>	<i>Remedied</i>
Want of cleanliness (Section 1)	1	1
Ineffective drainage of floors (Section 6)	2	3
Other Nuisances (P.H.A. 1936)	39	27
Sanitary Accommodation (Section 7)—Insufficient	2	4
Unsuitable or defective	41	37
Not separate for sexes	5	6
	—	—
TOTALS	90	78
	—	—

Shops Act, 1950. This Act controls hours of closing, conditions of employment of shop assistants and Sunday Trading.

At the 31st December, there were 5,188 occupied shops on the register in which 3,937 males and 7,525 females were employed. 717 shops were inspected and 400 contraventions were found, principally in relation to failure to keep prescribed records and notices; 224 notices were served, 4 letters of caution sent and 47 verbal cautions given. On re-visits being made, 264 contraventions had been remedied and the remainder were receiving attention. 20 plans of shops or other premises were submitted for examination in the light of the Shops Acts and two of these were found to require amendment.

7172 observations were made of shops, 27 of which were found to be open after the prescribed closing hours.

817 inspections were made of shops open on Sundays, at 32 of which contraventions were found.

At the end of the year there were 877 shops which opened for the purpose of trade on Sundays, including 7 shops occupied by persons observing the Jewish Sabbath.

Rag Flock and other Filling Materials Act, 1951. This Act is designed to secure the use of clean filling materials in upholstered articles and other articles which are stuffed and lined. It requires registration by the Local Authority of all premises (with certain exceptions) where there is carried on any form of upholstering, and the licensing by the Local Authority of any premises at which rag flock is either manufactured or stored prior to delivery to registered premises. The Regulations of 1951 prescribe standards of cleanliness for each kind of filling material to which the Act applies and also the form in which records must be kept by the occupier of both registered and licensed premises.

At 31st December, 1957, 21 premises (occupied by 20 persons or firms) were registered by the Local Authority and 4 premises were licensed for the storage of rag flock. There is no establishment in the City where rag flock is manufactured. All these premises were systematically inspected during the year and no contraventions were discovered.

31 samples of filling materials to which the Act applies were taken and all were found to conform to the standard of cleanliness prescribed by the Regulations.

Workplaces. Section 343 of the Public Health Act, 1936, defines a workplace as not including a factory or workshop, but any place in which persons are employed otherwise than in domestic service. There were 620 such places on the Register at the end of the year and 236 inspections were made. The premises were found generally to comply with the provisions of the Public Health Act.

Tents, Vans and Sheds. The licensing provisions of the Public Health Act, 1936, with regard to tents, vans and movable dwellings do not operate in the City as we possess special powers under Section 45 of the Kingston upon Hull Corporation Act, 1930. Special powers are also possessed under local bye-laws for regulating the cleanliness and sanitary conditions of tents, vans or sheds used for human habitation, for preventing the spread of infectious diseases and for the prevention of nuisances. The Act provides amongst other things, that no tent, van shed or similar structure used or intended to be used for human habitation shall be placed or kept on land situate within the City without the previous approval of the Corporation. Unfortunately there are two serious weaknesses in the law—it does not apply to caravans unless they are used as dwellings for an unbroken period of at least 3 months, and it excludes travelling showmen and stallholders. There is no definition of a travelling showman or stallholder and the exclusion apparently holds good during periods when they are not carrying on their normal occupation.

Rent Acts. The Housing Repairs and Rents Act, 1954, remained in operation until the 5th July, when it was superseded by the Rent Act, 1957. The new Act made sweeping changes in a mass of legislation which had been built up since the first World War. These changes included alterations in the method of calculating maximum rentals and the freeing from control of all houses within certain categories: they also included a complete change of procedure for the issuing of certificates of disrepair.

Under the earlier legislation, a tenant could apply to the local authority for a certificate of disrepair whenever there were grounds for believing that the house was (a) in a state of disrepair, or (b) otherwise unsuitable for occupation. A public health inspector would then make a thorough inspection of the house and note any conditions falling within (a) or (b). A report would be made to the local authority and if they agreed that the property was in an unsatisfactory state, a certificate would be issued. This certificate enabled the tenant to suspend payment of the rent increase until such time as the defects were made good. In the case of slum-type property, some of the defects listed under (b) (for example, inadequate light and ventilation, severe rising or penetrating dampness, etc.), might be so extensive that no remedy short of demolition would meet the case. In these instances the rental increase would remain suspended until the houses were demolished under the slum clearance schemes.



CARAVANS

These caravans came to this site without the approval of the Corporation. Legal proceedings authorised.



"WHERE MY CARAVAN HAS RESTED"
Site recently vacated by a caravan

Under the new Act, a tenant who considers his house is in a state of disrepair must first approach his landlord and supply him with a list of defects which are alleged to exist. The list must be written on a prescribed form (Form G) and must be limited to items of disrepair. Inherent defects such as inadequate light or ventilation caused by bad planning or construction can no longer be included on such certificates, and the owner of a slum house is entitled to charge the increased rent provided there are no items of disrepair and the house is not already within a declared clearance area or the subject of certain notices or orders.

The owner is allowed a period of six weeks in which to carry out the necessary work or give an undertaking in the statutory form to remedy the defects (or such of the defects as the tenant may agree to accept as sufficient) within a period of six months. Only in the event of a landlord taking no such action can a tenant apply to the local authority for a certificate of disrepair.

Upon receipt of an application for a certificate of disrepair, accompanied by a copy of the Form G and the prescribed fee of 2 6d., the public health inspector visits the house and checks the items enumerated on the Form G. After considering his report, the local authority may decide to issue a certificate covering all the items mentioned by the tenant on Form G, or only some of those items. In other words, the local authority is empowered to delete any items which appear unjustified, but has no legal power to add items which have been inadvertently omitted by the tenant.

It is impossible to describe here in detail all the other steps to be taken in connection with certificates of disrepair. The whole Act is extremely cumbersome and complicated, and the list of prescribed forms extends almost through the alphabet—from A to U. I would, however, point out some of the difficulties which have arisen in practice.

Many tenants appeared to be incapable of filling in the Form G correctly and at one time a single firm of estate agents in this city had in their office more than 160 of these forms without any addresses to identify the property. Where the prescribed form said "To....., landlord of.....," they had filled in the landlord's name in the first space and the landlord's address (instead of, as intended, the address of the property) in the second space.

As the estate agents in question manage thousands of houses the signature of the tenant was insufficient to enable them to trace the property, especially where the signature was indecipherable or merely "Mrs. Smith."

The Act makes it quite clear that a local authority may strike out any items which are not justified and equally clear that they can not add anything to what the tenant has entered on Form G, but unfortunately, all items cannot be sorted out into these two simple categories. Some items, although basically justified, are described incorrectly or in such a manner that they do not make sense, as for example "Back Door," which may mean anything in connection with the back door; or "Eaves gutters rotten," which may actually refer to some almost new guttering leaking at one particular joint. The sorting out of these ambiguities and the giving of information to landlords and tenants has resulted in a tremendous increase of work for the district inspectors and clerical staff, notwithstanding the fact that a special office giving general information on the Act was established by the City Treasurer in the Guildhall.

In view of the fact that the rent increases, and consequently the reactions of the tenants, started simultaneously all over the city, there was one period when it was difficult to deal with all demands but there are indications that this work will eventually taper off to a reasonable level. One good thing can be stated with certainty: the Act has caused an enormous amount of repair work to be carried out and some of this work, *e.g.* external painting, could not have been enforced under any of the other legal powers contained in the Public Health Acts or Housing Acts. Furthermore, a considerable amount of work was put in hand by some property owners without waiting for certificates of disrepair.

The following statement summarises the work carried out during the year :

Housing Repairs and Rents Act, 1954 (Up to 5th July) :—

Applications for Certificates of Disrepair	....	....	....	....	13
Certificates granted	....	....	....	....	10
(In the 3 remaining cases the work was carried out before a certificate could be issued)					
Applications for revocation of certificates	....	....	....	....	12
Certificates revoked (including some from previous year)	....	....	....	....	18

Rent Act, 1957 (From 6th July) :—

Applications for Certificates of Disrepair	....	....	....	....	606
Undertakings (Form K) accepted	....	....	....	....	237
Certificates issued	....	....	....	....	215
Applications for cancellation of certificates	....	....	....	....	14
Certificates cancelled	....	....	....	....	6

The applications rose to a peak in October and November, and this together with the period allowed to landlords for submission of undertakings, accounts for the number of cases outstanding at the year end. There was no delay so far as inspectorial work was concerned.

Hull Fair. During the period of the Fair the vans on the ground and in the vicinity were, as usual, visited daily by the Public Health Inspectors who enquired as to the state of health of the occupants. There were no cases of infectious disease discovered. Comparative figures for the number of vans and occupants over the past three years are set out below :—

<i>Year</i>	<i>No. of Persons in occupation</i>		
	<i>Vans</i>	<i>Adults</i>	<i>Children</i>
1955	273	569	190
1956	314	659	203
1957	313	584	240

No tents or booths were found to be used for sleeping purposes and there was no overcrowding. 3 vans used for sleeping purposes were found to be in a dirty condition ; these were cleansed during the period of the Fair.

Day and evening observations were made of the sanitary conveniences provided on the Fair Ground and in Walton Street and the Health Visitors assisted in the evenings by inspecting the ladies section and water-closets attached to private houses advertised for public use as ladies' lavatories. At the close of the Fair certain recommendations were made to the Markets and Abattoirs Committee with a view to improving the arrangements next year.

Observations were kept on ice-cream and other food stalls in the Fair Ground and in Walton Street and many verbal cautions were given regarding the requirements of the Food Hygiene Regulations.

The Lodging-house Inspectors visited houses in the streets adjacent to the Fair and found 36 houses providing temporary accommodation for 51 lodgers. There were no contraventions of the Public Health Act or Local Bye-laws and the houses were found to be clean and well conducted.

120 diesel or petrol generating units were assembled on the Fair Ground and prior to the commencement of the Fair, owners of all such plants were informed of the regulation requiring exhausts to be carried to a height of 15 feet above ground level. Most of the refreshment stalls, fish and chip saloons, etc., used smokeless fuel—coke or calor gas. It was necessary to serve 2 informal notices and 19 verbal cautions were given, mainly in regard to exhaust pipes. The notices, both verbal and written, were complied with. A total of 260 inspections and visits were made by the Smoke Inspectors who reported the general atmospheric conditions throughout the period of the Fair to be good.

The Sampling Officer under the Food and Drugs Act took 29 samples of foodstuffs at the Fair Ground and submitted them for analysis under the Food and Drugs Act. The foodstuffs included such commodities as toffee apples, brandy snap, sweets and other confections. The Public Analyst gave satisfactory reports on all the samples.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Rats and Mice Destruction. The importance of the destruction of rats and mice is now recognised by all Local Authorities and by the Central Government. Apart from consuming and damaging large quantities of food stored for the nation's use, rats do untold damage to the structure of buildings by gnawing woodwork, water pipes, etc., and often burrow beneath buildings to the extent of undermining the foundations. Moreover, they are an important factor in the spread of certain diseases, some of which are fatal to human beings. Kingston upon Hull is the third largest port in this country and therefore has a great many dock-side warehouses, grain stores, flour mills, etc., which are particularly liable to attract and harbour rats. The department employs 9 rodent operatives for dealing with rats in houses and on business premises.

In the case of dwelling houses the services of the rodent operatives are provided free of charge, the cost being borne equally by the General Rate Fund and the Ministry of Agriculture, Fisheries and Food. At the same time the Public Health Inspectors enquire into the cause of the infestation and supervise the carrying out of any structural repairs and improvements necessary to make premises rat proof : they also deal with any special conditions likely to attract or harbour rats, such as the keeping of poultry.

Business premises are dealt with on a different basis, a charge being made to cover the cost of labour and materials. This part of the scheme is therefore self-supporting and no cost is borne by the rates or Exchequer contributions. The methods of poisoning used are in accordance with the recommendations of the Ministry of Agriculture, Fisheries and Food. Some business premises are dealt with on a yearly contract basis but contracts are not entered into where there is a reasonable chance of securing complete clearance of rats and adequate rat-proofing of premises at one operation. Contracts are confined to premises where this ideal is not practicable, *i.e.* on railway sidings and certain offensive trade premises where there are constant attractions for rats. Even if all rats present at one time are killed off, such premises are always liable to fresh invasion. In such cases regular treatment is essential and a contract ensures that the Department can carry out the necessary treatment without the constant formality

of having to obtain individual orders. Systematic poisoning is usually carried out three or four times during the contract period, although in a few special cases premises are treated more frequently.

The following table shows the number of rats and mice killed, classified under the types of property affected.

TABLE XII.

TYPE OF PROPERTY	No. of rodents killed	No. of properties affected	METHODS OF DESTRUCTION	
			Method	Rodents killed
Dwellinghouses	14,756	1,824	Trapping	73
Business premises	8,752	442	Poisoning	29,518
Local Authority property (excluding houses)	6,142	160	Gassing	59
TOTALS	29,650	2,426		29,650

Eradication of Insect Pests. During the year the Department was called upon to take steps for the eradication of bed bugs at 2 Council houses and 48 private houses. Disinfestation for fleas was also undertaken at 8 Council houses, 53 private houses, 3 business premises and 2 hospitals. 309 treatments, including 10 at business premises, were undertaken for infestation by beetles and cockroaches. 12 infestations of ants, moths, earwigs and clover mites were also dealt with. Of 28 cases of woodworm treated by the department's workmen, 19 were at Council houses and 9 at private premises.

Advice was given and suitable insecticides supplied in 3,064 cases where the Department's help had been sought by persons carrying out their own treatment of premises infested with various types of insect pests, such as beetles, crickets, silver fish, furniture beetles, ants, etc. Since the introduction of D.D.T. Gammexane, and other modern insecticides, there has been a steady decrease in the number of complaints *re* fleas and bugs, but complaints concerning woodworm infestation have increased considerably since the war.

Fly Destruction. During the year the Department continued to arouse public interest in the danger to health by contamination of food, etc., of the common house fly. Leaflets, giving information on the best method of control were distributed to householders and others by the Public Health Inspectors, who also gave verbal advice where necessary.

HOUSING

New Houses. The City Architect has kindly supplied the following information with regard to the erection of houses in the City during 1957 :—

TABLE XIII

Temporary or Permanent	With State Assistance		Without State Assistance		TOTAL
	By Local Authority	By Others	By Local Authority	By Others	
Permanent (New)	863	—	—	80	943

Unfit Properties. During the year the Council made one Declaration of Unfitness Order comprising 40 houses and two Compulsory Purchase Orders totalling 122 and 315 houses respectively, all of which are awaiting confirmation. The Minister of Housing and Local Government confirmed six clearance areas, with minor modifications, and of the 228 houses contained in these the tenants of the majority were rehoused by the end of the year.

Action taken in respect of individual unfit houses is summarised in the following table :—

	1956	1957
<i>Represented to Committee—</i>		
For demolition	69	71
For closure	5	14
<i>Orders made*—</i>		
For demolition	51	94
For closure	12	11

* Includes properties represented towards the close of previous year

Overcrowding. The 1936 Survey revealed an overcrowding figure of 3% and this was reduced, by formal and informal action, to less than 1% by 1939. Facilities have not been available since the war for carrying out any further survey in detail but it would appear, from general observation and spot checks in various parts of the city, that the present day figure is certainly not less than that of 1936.



MARMADUKE STREET — CLEARANCE AREA

View showing congestion of backyards, lack of rear access, and absence of rear windows to houses on left.

Slum clearance and rehousing of displaced tenants will, to an increasing degree, reduce the problem of overcrowding. The bulk of new houses is allocated for this purpose. Overcrowding in other parts of the City, outwith clearance areas, however, is scarcely affected, except in very bad cases of overcrowding or where it is accompanied by special illness or insanitary conditions.

Reversion to a policy which existed in 1938 whereby a Government subsidy was made available for abating overcrowding may be called for and may be long overdue.

SUMMARY OF INSPECTIONS AND ACTION TAKEN CONCERNING OVERCROWDING

Routine Inspections	.....	520
Complaints received	.....	222
Found to be overcrowded	.....	115
Overcrowding abated	.....	91

FOOD AND DRUGS

Considerable time is devoted to the sampling of food and drugs with the object of checking whether they are of the nature, substance and quality required ; also (in the case of food) to ascertain whether it is free from harmful bacteria. Premises where food is prepared, stored or sold are subject to frequent inspections so as to maintain a good standard of hygiene with regard to structure, equipment and method.

Milk Supply. Milk has always received special attention because it is not only one of our most valuable foods but is also one of the most dangerous. Infection may be derived from the cows, from persons milking the cows, from persons handling the milk or milk vessels at any stage of the journey from farm to house, or from dirty plant or receptacles. Once it has become infected it forms an excellent medium for the growth of many organisms. Milk is also a convenient subject for adulteration—either by skimming the cream or adding water. It is therefore not surprising that a considerable amount of legislation is designed to safeguard our milk supplies throughout all stages of production, processing and distribution.

The amount of milk consumed daily in the City in 1957 was 30,200 gallons which represents an average daily consumption per person of 0.80 pints. This shows a slight fall over the 1956 figures of 30,500 gallons and 0.81 pints per person.

The following table shows the daily consumption of the different grades of milk during the last quarter of the year under review :—

	<i>Amount (gallons)</i>	<i>Percentage</i>
T.T. Farm Bottled	1,100	3.7
T.T. Pasteurised	2,100	7.0
Pasteurised	16,500	54.6
Sterilised	10,500	34.7
	<hr/> 30,200 <hr/>	<hr/> 100.0 <hr/>

There are 7 milk pasteurisation plants of the latest design operating in the City, 5 of them being of the High Temperature Short-time Plate Heat Exchanger type and two (of small capacity) operating on the lower Temperature " Holder " system. All these plants have been well maintained during the year and samples of the processed milk have given consistently good results when subjected to the Phosphatase and Methylene Blue Tests. Three firms are licensed to process sterilised milk and in these cases also the prescribed test (Turbidity Test) has been satisfied throughout the year.

The Milk (Special Designation) Regulations, 1949-54 provide for the granting of annual licences to persons or firms authorising them to use a special designation in relation to milk sold at or from premises mentioned in the licence, and in 1955 an Order was made declaring the City to be a "Specified Area" in which only specially designated milk may be sold.

Regular visits were paid by the Inspectors to persons holding licences under the Regulations, and advice given or suggestions made with respect to improvement of their premises. In all cases the persons concerned readily complied with the requirements of the Department.

The following licences, to operate until the 31st December, 1957, were issued :

	<i>No. of persons or firms licensed</i>				<i>No. of premises involved</i>
<i>Dealers' licences—</i>					
“ Pasteurised ” milk	276	241
“ Sterilised ” milk	962	915
“ Tuberculin Tested ” milk	27	29
				<hr/>	<hr/>
Totals	1265	1185
				<hr/>	<hr/>
<i>Processors' licences—</i>					
“ Pasteurised ” milk	7	7
“ Sterilised ” milk	3	3
				<hr/>	<hr/>
Totals	10	10
				<hr/>	<hr/>

In addition, 105 licences were issued to persons retailing specially designated milks (mainly " Pasteurised " and " Sterilised ") in the streets of the City. In these cases, the persons concerned collected their supplies of milk daily from the large dairies for immediate delivery to their customers, the " empties " being returned each day.

During the year the undermentioned samples were taken for examination under the Regulations, with the following results.

TABLE XIV

Type of Milk	No. of Samples taken	No. of Samples which	
		passed the prescribed tests	failed to pass the prescribed tests
" Tuberculin Tested (Pasteurised) "	48	48	—
" Tuberculin Tested "	191	160	31
" Pasteurised "	87	86	1
" Sterilised "	60	60	—
Totals	386	354	32

Particulars of the 32 samples of designated milk which had failed to satisfy the tests were communicated to the appropriate officers of the area in which the milk had been produced so that suitable action could be taken.

Milk and Dairies Regulations, 1949 to 1954. Under the provisions of these Regulations the registration of dairy farmers and of dairy farms is the responsibility of the Ministry of Agriculture and Fisheries whilst the registration of milk distributors and other dairy premises is the responsibility of the local Authority, which is also required to administer those provisions relating to diseases communicable to man.

During the year 551 inspections were made at dairy premises in the City and appropriate action was taken where necessary to maintain compliance with the provisions of the Regulations. Examinations were made of 2290 milk churns and 559 vehicles.

The following contraventions of the Regulations were observed :—

(a) Dairy floors in state of disrepair	2
(b) Depositing crates of milk in the streets	4
(c) Failure to display name and address on vehicle	5
(d) Dirty condition of milk bottles	2
(e) Foreign Bodies in milk bottles	8

—
21
—

All the contraventions were remedied after verbal or written cautions.

Bacteriological Examination of Washed Milk Bottles. Of 28 bottles examined, 10 were found to be unsatisfactory because of a high bacterial count. The dairy companies concerned were notified of these unsatisfactory results, and promptly took the necessary remedial action. Follow-up samples were taken and found to be satisfactory.

Registration of Milk Distributors and Dairy Premises, not being Dairy Farms. 119 applications for registration were received and all were approved.

At the end of the year there were 830 milk traders on the register, the majority being persons carrying on businesses of a general nature and retailing small quantities of milk for the convenience of their customers. The number of dairy premises on the Corporation's Register at the end of 1957 was 31.

Examination of Milk for Tuberculosis. Examinations of milk for Tuberculosis are undertaken by the Public Health Laboratory Service. 297 samples were submitted for examination by the inoculation of guinea pigs. Positive results were obtained from 8 samples, negative reports were received in respect of 282 and in the remaining 7 instances the results were abortive due to the death of the guinea pigs after inoculation. In connection with the positive samples, the Ministry of Agriculture and Fisheries Veterinary Service carried out investigations at the premises of 8 cow-keepers. In all cases, diseased animals were either slaughtered or found to have been sent for slaughter.

Brucella Abortus. Examinations of milk for *Brucella Abortus* are undertaken by the Public Health Laboratory Service. During the year, 282 samples of milk were submitted for examination and positive results were returned in respect of 26 samples; the remaining 256 samples were satisfactory. The Medical Officer of Health for the district in which the milk was produced was notified of all the positive results and arrangements were made for the infected milk to be heat-treated prior to its sale or use for human consumption.

Mastitis in Cows. During the year no notifications of mastitis were received from the Divisional Inspector of the Ministry of Agriculture and Fisheries.

Public Health (Condensed Milk) Regulations, and Public Health (Dried Milk) Regulations, 1923 and 1943. 16 samples of condensed milk were submitted for analysis during the year. Two samples contained less than the declared percentage of milk fat. Letters of caution were sent to the manufacturers. No samples of dried milk were taken.

Registration of Ice-Cream Premises. 31 applications were received for registration of premises under Section 16 of the Food and Drugs Act, 1955, compared with 52 in 1956. All the applications were for the sale of ice-cream. 24 of the applications were granted unconditionally, whilst 2 were approved by the Local Authority subject to the applicants concerned furnishing written undertakings to carry out certain work or to observe certain conditions in order to comply with the requirements of the Act, and 1 application was withdrawn. In 4 instances applications were refused owing to the nature of other business carried on at the shop, e.g., sale of root crops, etc.

Several cases arose where sales of ice-cream were being conducted under conditions which did not satisfy the requirements of the Food and Drugs Act, etc. They were mostly minor offences but in one case the registration of the premises was cancelled after the occupier had introduced the sale of root crops.

At the 31st December, 1957 there were 595 premises on the register, 14 for manufacture and/or sale, 4 for storage, and 577 for the sale of ice-cream.

The Methylene Blue Test is still the official test used to determine the cleanliness and bacteriological condition of samples of ice-cream. Grading is determined according to the time taken to decolourise the Methylene Blue added to the samples, which are classified in Provisional Grades, I, II, III and IV in order of merit. 24 samples of ice-cream taken during the year and submitted for examination were placed in the following grades :-

Provisional Grade I	14
II	6
III	4
IV	—
	—
	24
	—

In all cases where samples were placed in Grade III the vendor's premises were visited and suggestions made so as to secure better results.

Standard for Ice-cream. The Food Standards (Ice-cream) Order, 1953, requires that ice-cream shall contain not less than 5 per cent. fat, 10 per cent. of sugar and $7\frac{1}{2}$ per cent. milk solids other than fat. During the year 46 samples of ice-cream were submitted for analysis under the Food and Drugs Act, 1955. All the samples conformed with the standard.

Frozen Lollipops. The regulations respecting ice-cream do not apply to water ices or iced-llollies. 24 samples of iced-llollies were taken for bacteriological examination and 1 sample failed to satisfy the coliform test. In this instance a visit was made to the local manufacturer concerned and advice was given by the Inspector so as to secure better results.

Bacteriological Examination of Meat and Milk Products. Of 143 samples examined, 5 were unsatisfactory because of the presence of Salmonella Organisms. Inspectors of the Department visited the local manufacturers and gave advice on improving methods of production.

Food and Drugs Act, 1955—Sampling. The number of samples examined was 2,110, of which 128 or 6 per cent., were found to be adulterated, compared with 143 or 5.09 per cent in 1956, when 2,800 samples were taken. Samples of milk taken in the City numbered 975 of which 38 or 6.15 per cent were not genuine. The percentage for 1956 was 3.90.

A large proportion of the unsatisfactory samples arise from labelling contraventions and misleading advertisements, and it may be of interest to mention three such cases in order to indicate the type of contravention involved :-

- (1) Soft Drink labelled "Mystic 'C' (A Slimming Cordial). This preparation is compounded from Tropical Fruits and other ingredients according to a secret Eastern formula now being marketed for the first time." Analysis showed it to consist of diluted fruit juice, epsom salts and cream of tartar. The manufacturer has ceased production.
- (2) A local advertisement describing bacon as "Grade A Danish S/Ham 2s. 6d. per lb." The description S/Ham is an abbreviation for "Shoulder Ham," which is a contradiction of terms as the word "ham" is properly applied only to meat from the hind leg. The advertiser agreed not to repeat the description "Shoulder Ham."
- (3) Another local advertisement for margarine included the words "contains all Vitamins." As margarine does not contain all the vitamins, the advertisement was misleading and the advertiser agreed not to use the above words in future.

The following table indicates the range of samples taken by the Department's Food and Drugs Inspectors and the subsequent action :-

Nature of Samples	No. of Samples	Genuine	Adulterated or otherwise Unsatisfactory	Letters of caution, etc.	Prosecutions
Beverages	61	56	5	5	—
Cereals	104	101	3	3	—
Confections	165	149	16	16	—
Drugs	109	102	7	7	—
Fats	96	96	—	—	—
Fish, Meats, etc.	248	199	49	49	—
Milk and Milk Products	1,039	994	45	16	5
Preserves	117	117	—	—	—
Seasonings	67	67	—	—	—
Vegetables	48	47	1	1	—
Miscellaneous	56	54	2	2	—
	2,110	1,982	128	99	5

The five prosecutions were in respect of milk containing extraneous water. Only one dairyman was involved and he was fined £20 plus £5 5s. costs.

In addition to the foregoing, the City Analyst, Mr. D. J. T. Bagnall, A.C.G.F.C., F.R.I.C., publishes in his Annual Report full details of the laboratory work done by him under the Food and Drugs Act.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940. 1,918 of the samples obtained under the provisions of the Food and Drugs Act, 1955, were also examined in the light of the above-mentioned Regulations and 24 were found to contain permissible preservatives. Five samples of pork sausages contained undeclared preservatives and cautions were issued to the manufacturers. 107 food substances were found to contain artificial colouring but in no instance was prohibited colouring found to have been used.

Labelling of Margarine. 24 samples of margarine were obtained from shops, but there were no contraventions of the labelling provisions.

Registration of Hawkers of Food and their Premises. Section 61 of the Kingston upon Hull Corporation Act, 1952, gives power for registration by the Local Authority of all Food Hawkers and any premises used by hawkers for the storage of food. During the year 72 food hawkers registered, including 55 vendors of ice-cream and 17 persons who retail other foods.

Food Hygiene. The Food Hygiene Regulations of 1955, marked a considerable step forward in our efforts to secure a higher standard of cleanliness in the handling of food and greater protection against food borne infections. The law is still far from perfect and no doubt other legislation will be necessary in the future, but it is true to say that for several years local authorities will be fully engaged in trying to attain the standards now set before us. Most of the inspectors in the department are concerned with some aspect of food hygiene and it is difficult to assemble the results of all their work in one section of this report without duplicating information given elsewhere under other main headings.

The district inspectors deal with ice-cream vendors and small house/shop property; the factories and shops inspectors supervise food hygiene in most shops and factories and also in hotels, clubs, and cinemas; the food and drugs inspectors are responsible for dairies, ice-cream factories, hospitals, nursing homes and public houses; the offensive trades inspectors look after the fish curing houses, fish and chip shops and vans, tripe boilers, etc.; and the lodging house inspectors deal with catering arrangements in lodging houses and boarding houses. Together they made 2,647 visits to food premises during the year and noted 402 contraventions in connection with food hygiene. 212 written or verbal cautions were given, all of which were complied with, and resulted in numerous improvements as regards the provision of washing facilities, general cleanliness of premises, facilities for cleansing equipment, etc. Legal proceedings under the Food Hygiene Regulations were taken against a shop keeper for contraventions of Regulations 16, 17, 19 and 23, the defendant being convicted on two counts and fined a total of £10.

Food hygiene work carried out by the Chief Food Inspector and his staff is additional to the above and is dealt with in the next section of this report.

Fertilisers and Feeding Stuffs. Inspections and sampling under the Act are carried out by the Food and Drugs Inspectors, who may, at all reasonable times, enter any premises where such marked articles may be and may take samples either informally or in the prescribed manner. The Inspector can demand the production of the appropriate register and also any statutory statement received by a seller in respect of both First and Second Schedule articles which he has sold but which have not actually been on his premises or in his possession.

29 inspections were made, namely, 6 at retailers' premises, 22 at manufacturers' and 1 at merchants' premises. Several contraventions had taken place and the persons concerned were notified of the offences and cautioned by the Inspectors.

9 samples of feeding stuffs and 1 of fertilisers were obtained and submitted for analysis by the Agricultural Analyst. Of these samples, 2 were taken at the request of other Authorities who had received adverse reports about samples taken in their areas. All the samples of feeding stuffs and of fertilisers were returned as satisfactory.

Pharmacy and Poisons Act, 1933. Generally speaking, a shopkeeper, although he is not an "Authorised Seller" of poisons, may become a "Listed Seller" of Part II poisons (*i.e.* any substance included in Part II of the Poisons List and not exempted by the Poisons Rules) provided his name and the address of his premises are entered in the list kept by the Local Authority. The usual types of poison set out in Part II of the List are those connected with horticultural sprays, insecticides, seed and bulb dressings, phenols for general household use, rat poisons and hair dyes. Poisons included in Part I of the Poisons List can only be sold by "Authorised Sellers" of poisons (pharmacists, etc.) and the Act requires the keeping of certain registers of stocks and sales for both types of persons.

During the year 8 persons applied in respect of 9 premises to have their names entered in the Corporation's list kept under the Act. 171 persons applied for the retention of their names in the Corporation's list, in respect of 326 premises. All the applications were granted.

WORK OF THE FOOD DEPARTMENT

The following is a summary of the work carried out by the Chief Food Inspector and six assistants.

Scope of Work. The duties of the Chief Food Inspector and his assistants include the inspection of the fish markets, the slaughterhouses, all meat, fish and fruit sold in the City, and all retail shops where food is sold. Other work in connection with food and food premises is carried out by the staff of the Chief Public Health Inspector and has been set out in the preceding section of this report. The Food Inspection Branch is also responsible for the inspection in Hull of food for the Hull and Goole Port Health Authority. A further responsibility is the administration of the Performing Animals (Regulation) Act, 1925, and the Pet Animals Act, 1951.

Meat inspection is an important part of the work of the Department and a 100% examination of the carcasses and offals of all animals slaughtered in the City is carried out. We are grateful to the Trade for their co-operation in helping us to maintain this 100% examination. It is also the general practice to insist that the carcasses of all animals slaughtered outside our own slaughterhouses must be inspected before being allowed to be sold within the City for human consumption. All ante-mortem inspections at the Cattle Market are done by the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food.

Slaughterhouses. There are three public slaughterhouses in the City operated by the Corporation under the supervision of the Medical Officer of Health who is the Slaughterhouse Manager. In addition to the three public slaughterhouses there are three licensed private slaughterhouses and one for the private slaughter of pigs by cottagers, etc. The staff in all these slaughterhouses do their work in a most capable manner under conditions which are far from being ideal.

It is pleasing to note that the Markets and Abattoirs Committee is pressing forward with plans for a public abattoir, which is long overdue in our modern City and which is vitally necessary for the efficient handling and distribution of meat.

The following table shows the number of animals slaughtered in licensed slaughterhouses in 1957, and in previous years :—

TABLE XV

<i>Year</i>	<i>Cattle (and Calves)</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Horses</i>	<i>Totals</i>
1957	14,604	31,285	38,555	—	84,444
1956	14,742	37,268	36,656	—	88,666
1955	11,452	28,826	40,564	—	80,842
1954	15,512	34,333	36,008	—	85,853
1953	13,419	39,280	23,623	56	76,378
1938	16,910	51,111	31,551	—	99,572

Slaughter of Animals Act, 1933 and 1954. There are now 83 persons licensed by this Authority to slaughter animals, including 3 Jews whose licences are subject to their obtaining the necessary licences and renewals thereof from the Rabbinical Commission to slaughter by the Jewish method for the food of Jews. The Medical Officer of Health is authorised to issue licences to Mohammedans for the supply of meat to ships' crews, such licences being tenable for 24 hours to cover the period required.

TABLE XVI

SUMMARY OF CARCASSES INSPECTED AND CONDEMNED

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	10,836	2,610	1,158	31,285	38,555	—
Number inspected	14,030	3,433	1,158	37,808	43,683	—
<i>Affected with Diseases other than Tuberculosis and Cysticerci—</i>						
Whole carcasses condemned	4	2	20	64	189	—
Carcasses of which some part or organ was condemned	1,629	503	6	936	6,748	—
Percentage of the number inspected affected with disease other than Tuber- culosis and cysticercosis ...	11·64	14·71	2·24	2·64	15·88	—
<i>Affected with Tuberculosis only—</i>						
Whole carcasses condemned	16	45	5	—	20	—
Carcasses of which some part or organ was condemned	1,197	748	6	—	1,869	—
Percentage of the number inspected affected with Tuberculosis	8·64	23·10	·95	—	4·30	—
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned	108	7	—	—	—	—
Carcasses submitted to treat- ment	52	2	—	—	—	—



GREAT THORNTON STREET SLAUGHTERHOUSE — 28TH MARCH, 1957
SOW PLUCK

ECHINOCOCCUS CYSTS

Pluck weighed — 75 lbs.

Liver weighed — 63 lbs.



FISH INSPECTION
Kingston upon Hull is one of the largest fishing ports in the world.

TABLE XVII

WHOLE CARCASSES FOUND TO BE UNSOUND FROM CAUSES OTHER THAN TUBERCULOSIS

BEEF		MUTTON		VEAL		PORK	
Disease or Condition	No.	Disease or Condition	No.	Disease or Condition	No.	Disease or Condition	No.
Emaciation	1	Emaciation	13	Immaturity	3	Emaciation/	
Pyrexia	1	Anæmia	1	Pyrexia	5	Bruising	7
Extensive		Moribund	12	Pyæmia	2	Pyrexia	15
Bruising	1	Leukæmia	1	Jaundice	2	Gangrenous	8
Acute Septic		Pyrexia	3	Moribund	1	Swine	
Pneumonia	1	Oedema	1	Peritonitis	1	Erysipelas	26
Acute		Emphysema	1	Oedema	1	Decomposition	5
Peritonitis	1	Oedema/		Joint III	2	Jaundice	17
Oedema/		Emaciation	25	Septicæmia	2	Septicæmia	7
Emaciation	1	Caseous		Internal		Pneumonia/	
		Lymphadenitis	3	Bruising	1	Emaciation	3
		Multiple				Septic Peritonitis	6
		Tumours	1			Moribund	17
		Gangrenous				Pyæmia	16
		Pneumonia	1			Extensive	
		Oedema/				Bruising	7
		Arthritis	2			Oedema	18
						Leukæmia	1
						Swine Pox	2
						Emaciation	8
						Lymphadenitis	1
						Toxæmia	1
						Oedema/	
						Emaciation	1
						Hydræmia	4
						Septic Metritis	1
						Arthritis/	
						Emaciation	1
						Uræmia	1
						Decomposition	3
						Peritonitis/	
						Oedema	1
						Acute Septic	
						Pleurisy/	
						Peritonitis	4
						Acute Septic	
						Pneumonia	4
						Suspected	
						Swine Fever	4
Total	6	Total	64	Total	20	Total	189

WHOLE CARCASSES AFFECTED WITH TUBERCULOSIS

	1953	1954	1955	1956	1957
Cows	41	80	52	26	45
Heifers	11	14	10	6	3
Bulls	1	6	1	1	—
Oxen	17	18	10	10	13
Pigs	30	31	33	25	20
Calves	2	1	1	4	5
	<hr/> 102	<hr/> 150	<hr/> 107	<hr/> 72	<hr/> 86

In addition to the ordinary routine examinations, special microscopical preparations were made and examined from the blood and tissues of 18 animals for the detection of anthrax bacillus, all with negative results.

Three suspected cases of Swine Fever were reported to and later confirmed by the Ministry of Agriculture, Fisheries and Food.

The following is a summary of the unsound food surrendered or seized during the year :—

	<i>Tons</i>
Meat	200
Fish	712
Fruit and Vegetables	42
Tinned Goods	25
Miscellaneous Foodstuffs	3

CONDEMNED FOOD

Meat : Condemned meat is sold under contract to a local firm and the trade is reimbursed with the salvage value of carcase meat, the Corporation retaining the proceeds received from the condemned offals.

Fish : Condemned fish is sold to a fish manure manufacturing company whose premises adjoin the fish dock. Approximately 9,950 tons of fish were sold during the year for processing into cat and dog food, some of which, under normal circumstances, may have been declared unfit for human consumption.

Fruit and Vegetables : If in large quantities these are taken to the tip and covered over.

Tinned Goods : These are destroyed at the Corporation destructor.

The system of voluntary surrender greatly facilitates the work of the Department and during the year 12,242 agreements for the destruction of unsound foodstuffs were entered into by the owners and the Department.

Horse Meat. During the year the only shop within the City which sold horseflesh for human consumption ceased to do so but continued to sell horseflesh for cat and dog food only.

Fish Inspection. The Food Inspection Branch has an office on the Fish Dock and 2 Inspectors devote most of their time to inspecting fish at the dock and in fish shops. The estimated weight of fish landed by 2,380 trawlers was 227,090 tons, of which 712 tons were found to be unsound, viz.:—

<i>Fishing Grounds, etc.</i>	<i>No. of Trawlers</i>	<i>Estimated Weight of Fish Tons</i>	<i>Weight Unsound Tons</i>
North Sea	191	2,180	—
Faroes	27	1,815	1
White Sea	378	39,930	60
Iceland	881	89,095	407
Bear Isle	483	53,690	37
Norway Coast	230	25,385	203
Greenland	37	5,345	—
Norway Herring	17	5,440	—
Swedish Herring	124	1,585	—
Miscellaneous	12	1,425	2
British Railways	—	1,200	2
Totals	2,380	227,090	712

In addition 22,454 bales and 72 cases of wet and dry salt fish, due for export, were inspected and Health Certificates issued.

Food Hygiene Regulations, 1955. The implications and the considerable amount of work done under the Food Hygiene Regulations, 1955, became more apparent during the year. All food premises under the jurisdiction of the Department were visited regularly and the standard of hygiene, in general, noticeably improved, this being due in no small measure to the active co-operation of the various trades concerned in the handling and distribution of food.

It is pleasing to note the interest taken by many of the general public in this subject and at many of the lectures given by the staff a number of interesting points were raised. The public can greatly assist the food trades by refraining

from taking their dogs with them when shopping and also, as the Regulations prohibit smoking by food handlers in food shops, the public can help in the cleaner food campaign if they, too, refrain from smoking whilst in food shops.

Food Preparing Premises. Premises registered for the preparation of potted meat and other foods under Section 16 of the Food and Drugs Act, 1955, numbered 280 at the end of the year.

Manufacture of sausages	....	....	....	....	119
Manufacture of sausages, potted meat and other meat products	....	....	....	....	126
Manufacture of salmon paste	....	....	....	....	1
Cooking of hams, etc.	....	....	....	....	5
Cooked fish, fish cakes, etc.	....	....	....	....	7
Meat Pies, etc.	....	....	....	....	4
Cooked shellfish	....	....	....	....	13
Pickles	....	....	....	....	5

The Food Inspectors carried out 2,132 inspections of registered food premises during the year.

Pet Animals Act, 1951. 19 persons were registered, in respect of 21 Pet Shops, under the Pet Animals Act, 1951, during the past year. All premises were visited regularly.

Educational Activity. Lectures have been given to various gatherings on Food Hygiene during the year. One Inspector lectured weekly to student Public Health Inspectors whilst another lectured to the Butchering Trade classes at the Municipal College of Technology.

Food Poisoning. 12 reports were received of suspected food poisoning during the year. Investigations were carried out in all cases and samples obtained, where possible, with negative results in all cases.

Legal Proceedings.

OFFENCE	PENALTY
Selling sausage unfit for human consumption	£5
Exposing for sale sausage unfit for human consumption	£5

PART III

NATIONAL HEALTH SERVICE ACT, 1946

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—HEALTH CENTRES

No further progress can be reported in respect of the proposed Health Centre to be erected on the Bilton Grange Estate. Consideration was given during the year to the drafting of agreements to be entered into by the local Health Authority, the Kingston upon Hull Executive Council and the particular general practitioners who would occupy suites in the Health Centre. Discussions were continuing between all parties at the end of the year.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

The number of hospital maternity beds provided in Kingston upon Hull is low compared with the provision made in other areas, and about 46 per cent of the babies must be born at home.

The acceptance of an expectant mother for confinement in a maternity hospital is dependant upon either the medical aspect of her case or her social conditions. In an effort to reduce the number of deaths of mothers and newly born children and also the number of stillbirths, the consultant obstetricians are advising more mothers to have their confinements in hospitals on medical grounds. This group includes women who are found to have some abnormality during their present pregnancy, those who have had difficulties during previous pregnancies and those who have had a large number of children and are therefore more liable to complications.

The small number of maternity beds, coupled with a relatively high proportion of admissions on medical grounds means that the admission of patients on social grounds has to be restricted. Many applications for a maternity bed have to be rejected but with the advice of the health visitor and the assistance of relatives, home helps and the day nursery service, it is invariably possible to arrange home confinements without any detriment to the mother or baby.

In spite of restrictions on the admissions of patients on social grounds, it has not been possible for the Maternity Hospital to retain all patients for a period of ten days after confinement, and many patients have had to be discharged home early in the puerperium. This is an unsatisfactory position, particularly as the home is not always ready for the return of the mother, who anticipates remaining in hospital until she is fit to recommence housework. The domiciliary midwife must take over the care of the mother, but as she is not well known to

the mother and has not delivered the baby, her advice about remaining in bed and even regarding the care of the infant is often disregarded. Moreover, the change of circumstance just as breast feeding is becoming established results in a great deal of unnecessary bottle feeding.

No one who has had any experience of normal domiciliary midwifery would advocate that all confinements should take place in hospital. Nevertheless if the maternal and infant mortality and morbidity are to be reduced, a reasonable proportion of hospital maternity beds is essential; at the moment this reasonable proportion is not being reached in this area.

Ante-Natal Clinics. A slight fall occurred in the number of attendances at the local authority's ante-natal clinics during the year. Two main factors contributed to this reduction, the first one being the continuation of the policy of advising expectant mothers to book their own doctor. This has resulted in the medical care of the expectant mothers being undertaken in many cases by the general practitioner. Secondly, there is a lack of public halls or other accommodation suitable for use as ante-natal and child welfare clinics on the large housing estates which have grown up on the eastern side of the City. It has been possible to arrange only one ante-natal clinic in a church hall for the whole of this area and, even then, the premises are not conveniently situated and the accommodation is by no means ideal for an ante-natal clinic. However, towards the end of the year a new church hall was completed on the Bilton Grange Estate and arrangements have been made to hire accommodation in the hall as from January, 1958, when another ante-natal clinic will be opened to serve the large number of expectant mothers in the area.

Mothercraft Classes. Adequate medical care is necessary during the ante-natal period to ensure that the outcome of the pregnancy is a healthy mother and baby. Almost equally important, though, is that during this period the expectant mother is shown how to keep herself healthy, how to conduct herself during labour, and how to care for her baby when it arrives. During 1957 there was considerable expansion of the mothercraft and relaxation classes for expectant mothers, the number of sessions being increased to six per week. Five of the classes are run by midwives and health visitors, whilst the sixth is run by a physiotherapist and a health visitor.

"Relaxation" and "natural childbirth" are expressions well known to the modern expectant mother, owing to the influence of articles in women's magazines and programmes on the radio and television. This is not a new idea, however, as midwives have always realised the value of a calm approach to labour. It can only be achieved, though, if the expectant mother really understand her bodily functions during pregnancy and labour. At the mothercraft classes,

therefore, some time is devoted to teaching the expectant mothers simple anatomy and physiology, as well as the much easier process of relaxation.

Those mothers who have come to these classes have attended regularly and have found that they have fulfilled a need. The numbers have steadily increased but it is undesirable for classes to become too big as many mothers would be too shy to ask questions in a large group. It may be necessary, therefore, for the question of additional classes to be considered during 1958.

Premature Baby Service. During the year the two premature baby nurses continued to care for premature babies on the district. Many of these babies were born at home, but some were born in hospital and discharged home, while still quite small, to the care of the special nurses.

In order to establish a closer link between the hospital and home services for premature babies, meetings were arranged during the year between the pædiatricians and the hospital and public health staffs. Following these meetings, the premature baby nurses accompanied the pædiatricians on their round in the premature baby unit at the Maternity Hospital whenever possible.

Toxaemia of Pregnancy. In accordance with Ministry of Health circular 9/56, five meetings were held between obstetricians, general practitioners and medical officers of the Health Departments of Kingston upon Hull and the East Riding County Council. Many aspects of ante-natal care were discussed, bearing in mind particularly the importance of the early diagnosis of toxæmia of pregnancy and the provision of adequate treatment once the diagnosis had been made. A report was drawn up in four sections incorporating recommendations to (a) general practitioner obstetricians, (b) the Regional Hospital Board, (c) consultant obstetricians and (d) the Local Health Authorities. These recommendations, which were sent to the appropriate bodies, aimed at securing continuity of ante-natal, intra-natal and post-natal care.

Recommendations were made to each of the three branches of the National Health Service as to the means of following up a patient who did not attend regularly for examination, in order to ensure the early diagnosis of any abnormality. This has not resulted in any new methods being used but has made people more conscious of the problem and more anxious to use the means that

are already available to them. Other suggestions made were that a suitable standard should be employed by Local Obstetric Committees in considering applications for inclusion in the Obstetric List, and that refresher courses in obstetrics should be held locally for general practitioners and assistant medical officers of health.

It was agreed that in the Kingston upon Hull area the number of maternity beds was insufficient for local needs and further beds were required for adequate ante-natal and post-natal care.

Birth Control Clinic. This clinic has proved of great value to many mothers in helping them to space their families and so have a better chance of remaining in good health themselves and being able to care adequately for their children. The facilities of the clinic are available to any married woman without appointment and without reference from a doctor. Payment for accessories may be by weekly instalments if the patient so desires.

				<i>New Cases</i>	<i>Total attendances</i>
1953	....	....	....	59	408
1954	....	....	....	99	515
1955	....	....	....	181	832
1956	....	....	....	248	1,089
1957	....	...	....	159	967

Care of Unmarried Mothers. On an average 2 new expectant mothers who are unmarried come to the ante-natal clinics each week for help. While adequate medical care can be given at the clinic, the social aspects need careful investigation and often further interviews with the girl and her relatives. The girls are referred, therefore, to the Hull Moral Welfare Association and the social worker from this organisation sees them and gives appropriate advice and assistance in each case.

Many of these girls are better away from their own homes during the latter stages of pregnancy, or they may have no real home at all. They are all offered the opportunity of entering the hostel for unmarried mothers run by the York Diocesan Association at Sutton House, and of returning there for a period after the baby is born. During 1957, 31 girls were admitted from this area.

				<i>Cases Referred</i>	<i>Grant made by Corporation</i>
Hull Moral Welfare Association				109	£150
Sutton House	....	....	....	31	£1,300

Statistics.

TABLE XVIII

Ante-Natal Clinics	No. of Sessions	Attendances		
		First	Re-attendances	Total
<i>Sykes Street Clinic—</i>				
Monday and Thursday afternoons	100	1,051	3,046	4,097
Wednesday morning	51	312	412	724
<i>East Hull Clinic—</i>				
Monday, Wednesday and Friday mornings	151	609	1,893	2,502
<i>North Hull Clinic—</i>				
Tuesday morning	53	131	422	553
<i>West Hull Clinic—</i>				
Monday morning, Tuesday and Wednesday afternoons	150	738	2,091	2,829
<i>Priory Road Clinic—</i>				
Tuesday afternoon	52	77	301	378
<i>Marfleet Lane Clinic—</i>				
Thursday morning	51	163	536	699

Total patients attending during the year 3,081

Mass Radiography

No. of ante-natal patients attended	—	501
No. of patients with tuberculosis	—	2

Child Welfare Clinics

	1955	1956	1957
No. of Centres provided	18	18	17
No. of Sessions during the year	1,334	1,374	1,349
No. of children first attended under 1 year of age	3,217	3,255	3,013
Total number of children attending	6,280	7,515	7,731
Total attendances	41,274	43,242	43,908
Cases seen by Medical Officers	14,303	15,252	15,676
Cases referred to Hospital for treatment	222	248	277
No. of tuberculin jelly tests carried out	—	829	1,117
No. found to be tuberculin positive after checking with Heaf Test	—	7	4

Welfare Foods and Nutritives. Sales from the central depot at Witham and from Maternity and Child Welfare Centres :-

	1955	1956	1957
<i>Welfare Foods—</i>			
“ National ” Dried Milk (tins)	219,977	220,343	160,338
Cod Liver Oil (6 oz. bottles)	39,411	33,350	28,389
Orange Juice (6 oz. bottles)	207,766	235,930	239,226
A and D Capsules (packets of 45)	16,759	16,506	15,103

Nutritives—

Adexolin	—	1,776	4,011
Abidec	—	173	365
Cod Liver Oil Emulsion (8 oz. bottles)	1,080	775	534
Virol (8 oz. bottles)	3,227	3,087	2,746
Virolax	47	41	73
Rose Hip Syrup	—	1,188	3,066
Lactogol	—	747	1,775

Fireguards—

No. of fireguards sold	379	609	493
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Infectious Diseases—

	<i>At Home</i>	<i>In Hospital</i>
Cases of Puerperal Pyrexia notified‡	54	49
Cases of Ophthalmia notified	7	22

‡ 11 of these were due to influenza during the epidemic.

Maternal Mortality

Rate per 1,000 live and stillbirths	0.53
No. of maternal deaths due to pregnancy	3

Causes of death—

- (1) Obstetrical shock due to peripheral circulatory failure
- (2) Antepartum hæmorrhage (accidental type), 38 weeks pregnancy
- (3) Operation for repair of vesico-uterine fistula ; pregnancy.

No. of maternal deaths associated with pregnancy	2
--	---

Causes of death—

- (1) Bilateral bronchopneumonia due to influenza ; pregnancy.
- (2) Spontaneous abortion due to aplastic anæmia.

Births and Deaths

Number of live births notified—2,911 domiciliary	}	5,500
2,589 institutional		
Number of stillbirths notified—42 domiciliary	}	137
95 institutional		
Number of deaths in first week of life		91
Number of deaths in first month of life		105
Number of deaths in first year of life		161
Perinatal mortality rate		40.45
Neonatal mortality rate		18.91
Infant mortality rate		29.27

Day Nursery. The day nursery is maintained in order to cater for children who cannot be cared for in their own homes during the day-time. This may be because the parent is widowed, separated or unmarried and must go to work to support the family, or it may be as a result of temporary incapacity of the mother due to another confinement or some more permanent incapacity in the form of a prolonged illness such as tuberculosis.

In any case, the parents of such children have only a limited time to give to their physical welfare, and these are the children who would rarely be seen by a doctor and would often not be brought for immunisation against diphtheria, whooping cough, poliomyelitis and smallpox. They are children, too, who would have very little room at home to run about and play and very little opportunity of being taken out in the fresh air.

All this is remedied at the nursery, where the rooms are light and airy and where walks in the park are part of the routine. Weekly medical inspections are held and all the necessary immunising procedures are carried out.

Unfortunately 1957 was a year with a very high incidence of infectious diseases and the nursery children were badly affected. The average attendance was 12 children below the age of 2 years and 15 in the 2-3 year old group. By the end of the year the infectious illnesses had died out, and attendances were greatly improved.

All priority cases were admitted very soon after the applications were received. The reasons for admission were as follows :-

Parents Separated or Divorced	30
Illegitimacy	16
Widows	2
Widowers	3
Illness of one parent	15
Confinement cases	3
Financial or housing difficulties	15
(including University Students)	
Non-Priority Cases	54

11 Nursery Students who were trained in the day nursery and nursery schools took their final examination and ten were successful. They are now working as follows :-

In Nursery Schools and Classes in the City	4
In the Day Nursery	1
In a residential nursery	2
Taking general nursing training	1
Taking teachers' training	1
Private post	1

PROVISION OF DENTAL TREATMENT

Once again I have to report that the dental scheme for Maternity and Child Welfare patients has continued along the same lines as in the previous year and that it has satisfied all the demands made upon it.

This is not a matter for complacency. One could wish that the demands were very much greater and that the staff existed to deal with them.

From examination of the published figures, three significant features are apparent. The high proportion of dentures provided in relation to other forms of treatment, the small number of adult patients made dentally fit in relation to the whole, and the large number of extractions for children under five. These are all signs of the illness from which dentistry suffers and are familiar to all dental practitioners. There is a preponderance of patients with a desire for the extraction of all teeth and the provision of artificial dentures and the refusal of any form of conservative treatment.

The need for a vigorous and widespread scheme of dental health education is everywhere apparent.

I have to report a further depletion of our dental staff during the year. Mr. Wilson, our last remaining full-time assistant dental officer having married and taken up residence some distance from the city, has joined the staff of the neighbouring county. The Authority's dental staff now consists of the Principal School Dental Officer, assisted by several general dental practitioners working on a sessional basis, and Mrs. Todd the Dental Hygienist. Mrs. Todd has done invaluable and considerable work for the Maternity and Child Welfare Service, as will be apparent from examination of the tables below.

TABLE XIX

(A) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	357	357	457*	209
Children under five	252	233	245*	230

* Includes cases under treatment and carried forward from 1956.

(B) FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs	Polishing and Oral Hygiene
							Full Upper or Lower	Partial Upper or Lower		
Expectant and Nursing Mothers	257	214	—	—	2,636	161	252	44	26	261
Children under five	3	1	14	—	728	161	—	—	—	2

The Maternity and Child Welfare and School Clinics, provided by the Corporation, are interavailable to patients as required. Details of the clinics etc., provided under Section 22 of the National Health Service Act, 1946, are as follows :—

(a) Maternity and Child Welfare.

Infant Welfare Sessions—

West Hull Clinic, Coltman Street	Monday Thursday	} 2 p.m.
King's Hall, Fountain Road	Tuesday Thursday	
East Hull Clinic, Morrill Street	Wednesday Thursday Friday	} 2 p.m.
Methodist Mission Rooms, Carlton Street	Tuesday	
Parish Hall, Church of Transfiguration, Albert Ave	Friday	2 p.m.
Methodist Church Rooms, Cottingham Road	Wednesday Friday	} 2 p.m.

Methodist Rooms, Sutton	Tuesday	2 p.m.
North Hull Clinic, Ellerburn Avenue	Tuesday Thursday	} 2 p.m.
Methodist Mission Hall, Preston Road	Tuesday	2 p.m.
Church of the Ascension, Priory Road	Monday Friday	} 2 p.m.
St. Nicholas Church Hall, Pickering Road	Wednesday	2 p.m.
St. Martin's Church Hall, North Road	Monday	2 p.m.
Sykes Street Clinic	Thursday Friday	9-30 a.m. 2 p.m.
St. Ninian's Church Hall, Chanterlands Avenue	Friday	2 p.m.
St. Michael's Church Hall, Holderness Road	Thursday	2 p.m.
St. Philip's Church, Amethyst Road	Monday Wednesday	} 2 p.m.
Longhill Infants' School	Saturday	9-30 a.m.
Ante-Natal Sessions—		
Sykes Street Clinic	Wednesday	9-30 a.m.
For Midwifery Centre cases	Monday Thursday	} 2 p.m.
East Hull Clinic, Morrill Street	Monday Wednesday Friday	} 9-30 a.m.
North Hull Clinic, Ellerburn Avenue	Tuesday	9-30 a.m.
West Hull Clinic, 69 Coltman Street	Monday Tuesday Wednesday	9-30 a.m. 2 p.m.
Church of the Ascension, Priory Road	Tuesday	9-30 a.m.
St. George's Church, Marfleet Lane	Thursday	9-30 a.m.
Birth Control Session—		
Sykes Street Clinic	Tuesday	9 a.m.
Artificial Sunlight Sessions—		
West Hull Clinic, 69 Coltman Street	Tuesday Friday	} 9-30 a.m.
East Hull Clinic, Morrill Street	Tuesday Friday	} 9-30 a.m.
North Hull Clinic, Ellerburn Avenue	Monday Thursday	9-30 a.m. 2 p.m.
Sykes Street Clinic	Tuesday Friday	} 9-30 a.m.
Mothercraft and Relaxation Classes—		
East Hull Clinic, Morrill Street	Monday Friday	} Morning
West Hull Clinic, Coltman Street,	Wednesday	Afternoon
North Hull Clinic, Ellerburn Avenue	Tuesday	Morning
Sykes Street Clinic	Wednesday	Evening
X-Ray Sessions—		
East Hull Clinic, Morrill Street	Monday to Friday, 9 a.m. to 12 noon 2 p.m. to 5 p.m.	

Physiotherapy Sessions—

East Hull Clinic, Morrill Street

Monday	}	9 a.m. to 12 noon
Wednesday		
Thursday		

(b) Day Nursery

Pearson Park

Monday to Friday,
7 a.m. to 6 p.m.
Saturday, 7 a.m. to
2 p.m.

SECTION 23—MIDWIFERY

During the year 80 midwives notified their intention to practise, of whom 51 were domiciliary midwives employed by the Local Health Authority, 25 were employed in hospitals and maternity homes, and 4 practised as independent domiciliary midwives.

The midwives employed by the Local Authority attended 2,534 cases during the year as follows :-

(a)	(i)	When a doctor was not booked but was present at the time of delivery	....	....	....	....	....	....	40
	(ii)	When a doctor was not booked and was not present at the time of delivery	....	....	....	....	....	....	452
(b)	(i)	When a doctor was booked and was present at the time of delivery	....	....	....	....	....	....	1,132
	(ii)	When a doctor was booked and was not present at the time of delivery	....	....	....	....	....	....	910
Total									2,534

Medical aid was called in 473 cases.

Analgesia. The popularity of Trilene continued to increase and six more Tecota machines were purchased for the use of the domiciliary midwives, bringing the total number of machines up to 24. Cases in which analgesics were used by Local Authority midwives :-

			1955	1956	1957
Gas and Air	....	....	1,817	807	291
Trilene	....	....	253	1,343	1,723
Pethidine	....	....	1,230	1,419	1,472

All the domiciliary midwives were issued with hyalase which they are permitted to use with ergometrine in pre-selected cases. This has the effect of reducing the interval between the time the drug is given and the time it takes effect and it is hoped that by this method the number of cases of severe haemorrhage will be reduced.

Emergency Obstetrical Unit. During the year 48 emergency calls were received and in the course of treatment 43 pints of blood and 21 pints of Plasmosan or Intradex were given. Twelve of the patients were transferred to hospital after treatment.

Midwifery Training School. Seventeen pupil midwives were trained and sat for the part II examination of the Central Midwives Board, 16 being successful. Under arrangement made with the Fulford Maternity Hospital, York, 4 pupils from such hospital were accepted and received 3 months' district training.

Refresher Courses for Midwives. In view of the success of the refresher courses for midwives organised by the Health Department in 1956, it was decided to arrange for 3 further courses to be held during 1957. These courses were attended by 298 midwives from all over the country. Similarly, lecturers were drawn from all parts of the country and the Department were pleased to welcome Mr. R. J. Fenney, the Secretary of the Central Midwives Board, Professor Moncrieff from Great Ormond Street, Dr. Grantly Dick Read, and many other well known speakers.

Visits were arranged to hospitals, factories and other places of interest in the neighbourhood and the different organisations who entertained the midwives were most kind and co-operative. Besides making the formal lectures and visits as interesting as possible, every effort was made to persuade midwives from different areas and working under different conditions to discuss their duties and problems informally with each other. This could only happen if the right atmosphere were created from the start and, in this respect, the social evening organised at the end of the first day's work proved a great success. Members of the course, lecturers living within the neighbourhood, local midwives and matrons of the nearby hospital who entertained the midwives were all invited to the social evening and the friendly and informal atmosphere thus created set the tone for the rest of the week's course.

It is difficult to assess the value of courses such as this but questionnaires completed by the visiting midwives at the end of each course indicated that almost everyone felt she had learned something of value. Many were surprised to discover that Kingston upon Hull is a large city with good health services and

much goodwill between the Health Department of this City and other Local Authorities was built up during each course.

From the point of view of the staff of the maternity and child welfare section the visits of well known lecturers and the discussions which took place with them after lectures were most stimulating and helped to keep local knowledge up to date. Many new ideas which could be put into practise in Hull were brought forward by discussions with midwives from other areas. Finally, the contact with local organisations in regard to the midwives visits facilitated co-operation with such organisations in the day to day work of the Health Department.

There would seem to be no doubt whatsoever as to the value of running such courses and it is planned to organise 3 further courses to be held during 1958.

Four midwives employed by the Health Department attended the courses run by the Department whilst another 4 attended refresher courses held in other parts of the country.

Staff Changes. During the year 8 midwives resigned and 3 new midwives commenced duty whilst a further 3 were appointed ready to take up duty early in 1958.

SECTION 24—HEALTH VISITING

The total number of staff employed on health visiting duties at the end of the year was 34 holding the Health Visitors Certificate and 3 without such certificate. Of these 37, 5 were engaged on full-time duty in the tuberculosis service, visiting patients at home and attending the various sessions at the chest clinics. In addition to the health visiting staff, 4 state registered nurses were employed part-time at the ante-natal and immunisation clinics. Five health visitors left during the year—1 retired on attaining the age of 60 years, 1 returned to midwifery work in hospital, 1 transferred to a post in Scotland, 1 returned to Ireland whilst the fifth officer married and accompanied her husband to Newfoundland.

The number of domiciliary visits paid by the health visitors showed a decrease on the previous year. This was partly accounted for by an increase in the number of attendances at clinic sessions (e.g. in connection with poliomyelitis vaccination), whilst 2 health visitors were on sick leave the whole of the year. In addition, 4 health visitors spent one session each week preparing health education material for use in the clinics, both for general display purposes and to illustrate talks given to the mothers.

The weekly visit to the Hull Maternity Hospital by one of the health visitors was continued during the year, as also was her attendances at each of the hospital ante-natal clinic sessions. Most of the ante-natal visits paid by health visitors were to investigate social conditions or to follow up those expectant mothers who had failed to attend the hospital ante-natal clinic. Visits for this latter purpose decreased during the year because two letters were sent to each defaulter before the health visitor was asked to call.

The health visitors continued their work with the aged, maintaining close co-operation with the Welfare Services Department. Some of the homes and the aged persons themselves were found to be in a dirty and neglected condition, but combined efforts by the domiciliary services plus help from the public health inspectors resulted in conditions being improved in most of such homes. Owing to the shortage of chronic sick beds many aged persons were cared for at home who would otherwise have been admitted to hospital. At the request of the Consultant Geriatrician visits were paid to assess the social conditions of patients before admission to hospital and in some cases before the discharge home of a patient.

The figure for miscellaneous visits includes 698 visits paid to patients after their discharge from general and infectious diseases hospitals, to the homes of patients when requested by hospital almoners and to the homes of children under school age who had failed to attend out-patient clinics at the Victoria Hospital for Sick Children.

Talks were given to groups of mothers at the ante-natal and infant welfare clinics and also to various women's organisations at meetings held outside of normal office hours. Lectures on social and preventive medicine were again given to third year student nurses at the Western General Hospital and 12 of the students accompanied health visitors and district nurses to patients' homes and at the clinics. Eight student nurses from the Hull Royal Infirmary also accompanied health visitors and district nurses on their domiciliary visits for 2 half days each.

Training of Health Visitors. Of the 7 students who completed their training during the year, 6 were successful in obtaining the Health Visitor's Certificate. Five were appointed to the staff whilst the sixth returned to her duties as a school nurse. Six new students commenced training in September.

Three health visitors attended a post graduate refresher course held at Cambridge.

In addition to their work of home visiting, the health visitors made 3,370 attendances at maternity and child welfare clinic sessions and gave 153 talks to groups of mothers.

Statistics :-

VISITS PAID BY HEALTH VISITORS			
To Expectant Mothers—			
First Visits	....	....	1,062
Re-visits	....	....	798
			<hr/> 1,860
To Children under 1 year—			
First Visits	....	....	5,480
Re-visits	....	....	38,359
			<hr/> 43,839
To Children 1-5 years—			
First Visits	....	....	934
Re-visits	....	....	72,696
			<hr/> 73,630
To the Aged and Chronic Sick	....	....	1,555
Miscellaneous Visits, including infectious diseases, hospital after-care, medical aid, etc.	....	....	7,477
			<hr/>
Total Domiciliary Visits			<hr/> 128,361 <hr/>

SECTION 25—HOME NURSING

During the year the number of staff engaged in this service increased although there were some lengthy periods of sickness amongst the nurses. It was possible to maintain the strength of the establishment by the appointment of fully qualified nurses, without increasing the number of state enrolled assistant nurses.

During 1957 a total of 7,131 patients were nursed, comprising 1,155 cases who remained on the books at the end of 1956, together with 5,976 new cases referred during the year. The number of visits paid to those patients totalled 208,624.

Classification of cases :

	<i>Cases</i>	<i>Visits</i>
Surgical	2,120	38,687
Medical	4,615	160,099
T.B.	216	7,775
Maternity complications	162	1,871
Infectious diseases	18	192

The above figures show a slight increase in each classification with the exception of surgical cases.

The general bathing and weekly bed baths were carried out exclusively by the nursing orderlies employed in the service.

Two of the senior nurses attended a post-graduate refresher course held in London and felt that they had benefited a great deal from the lectures which they attended and the modern techniques which they saw in the hospitals they visited.

The pædiatric nurses undertook the nursing of children up to the age of 14 years and were each provided with a Douglas Vespa motorcycle in order to cover the wide areas involved. A total of 3,841 visits were paid to the 554 children they nursed. A third nurse was given additional training at the Western General Hospital in the nursing of sick children in order that she could take over from one of the nurses who had done the pædiatric work for a year.

Two nurses remained on duty each evening until 10-0 p.m. to answer emergency calls and to give late night injections. The number of morphia injections given late at night doubled during the year and it was necessary to provide motor transport for the nurses as cases were widely scattered throughout the City. Many of the patients who received these injections would have had to be admitted to hospital had this domiciliary service not been available.

Staff at the end of the year :

Full-time :

- 1 Acting Superintendent
- 1 Acting Deputy Superintendent
- 36 State Registered Nurses (female) (16 District Trained)
- 4 State Registered Nurses (male)
- 3 State Enrolled Assistant Nurses (female)
- 1 State Enrolled Assistant Nurse (male)
- 4 Nursing Orderlies

Part-time (30 hours per week) :

- 4 State Registered Nurses (female)
- 1 State Enrolled Assistant Nurse (female)

Sitters-up Service. The demand for this service increased during the year, the number of patients attended rising to 532 as compared with 451 during the previous year. The number of visits paid was 12,593 as against 11,350 during 1956. There were fairly frequent changes in the staff due to the age of the people employed and the amount of money they were allowed to earn without affecting their pension rights.

This service, as usual, was greatly valued by tired relatives and by aged people living alone. Like other domiciliary services provided by the Health Department, it contributed to a saving in hospital beds as without a sitter-up service some of the aged patients would have needed hospital care.

At the end of the year 58 sitters-up were employed on a casual basis, 27 of whom worked full-time, the remainder undertaking duty for a mutually agreed number of hours each week.

SECTION 26—VACCINATION AND IMMUNISATION

Vaccination against Smallpox and Immunisation against Diphtheria and Whooping Cough are both available through those private doctors who have agreed to give such service and through various clinics of the Health Department. At the end of the year 138 medical practitioners were co-operating to vaccinate and immunise in accordance with the provisions of the National Health Service Act, 1946.

Throughout the year special vaccination and immunisation sessions were held at three main clinics and vaccination and immunisation continued to be available at the Maternity and Child Welfare Clinics in conjunction with infant welfare.

Froghall Lane Clinic. Due to the very low attendance at this clinic it was decided that it should close down at the end of June.

Vaccination and immunisation in early infancy are recommended by each Health Visitor when she makes her routine visit to a mother after the birth of a child.

Vaccination. During 1957, 1,699 infants were successfully vaccinated before reaching 1 year of age—968 were vaccinated by private medical practitioners and 731 at Health Department Clinics. This compares with 1,838 (1,005 by private medical practitioners and 833 at Health Department Clinics) vaccinated in the previous year.

The following summary shows the numbers of successful vaccinations and re-vaccinations carried out during 1957 :-

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	TOTAL
Number Vaccinated	1,699	35	44	37	128	1,943
Number re-vaccinated	—	1	11	31	245	288

The age in months of those under 1 year at the time of vaccination is shown below :—

Successful primary vaccination of infants under 1 year

Age in months when vaccinated													Total
	0	1	2	3	4	5	6	7	8	9	10	11	
Clinics	—	18	100	246	143	78	62	33	20	13	13	5	731
Private Doctors	5	204	208	202	135	100	34	34	16	12	6	12	968
Total	5	222	308	448	278	178	96	67	36	25	19	17	1,699

26 infants who failed to show any reaction after a first vaccination were not brought by their parents for a second attempt, and 69 infants did not show any reaction after a second vaccination.

Details of successful primary vaccinations recorded each year during the last five years are given below :—

Age when vaccinated						Total
Year	Under 1 year	1 year	2 to 4 years	5 to 14 years	15 years and over	
1953	1,806	20	27	50	149	2,052
1954	2,085	27	30	33	133	2,308
1955	1,993	54	55	45	113	2,260
1956	1,838	38	40	48	126	2,090
1957	1,699	35	44	37	128	1,943

The following table shows the percentage of infants who were vaccinated by the end of the year following that in which they were born :—

<i>Year of Birth</i>	<i>Percentage Vaccinated at 31st December of following year</i>
1952	32.48
1953	36.55
1954	37.00
1955	36.50
1956	34.15

Diphtheria Immunisation. In addition to the facilities for immunisation provided at the Health Department clinics, the mobile unit continued to tour the streets and to visit the schools. There is no doubt that by the use of this unit a number of children who would not otherwise have been immunised were given this protection. Medical Practitioners who co-operated under the provisions of the National Health Service Act, 1946, were responsible for 1,057 initial immunisations and gave 179 re-inforcing injections. Health Visitors and School Nurses continued to visit and advise parents to have their children immunised and the School Nurses obtained consent for children to be immunised during school hours. Propaganda was continued by the use of posters, leaflets and birthday cards, and by talks to local organisations by medical and other staff of the Health Department.

The immunised child population in the City at 31st December, 1957, was :—

<i>Age Group</i>	<i>Total Immunised</i>	<i>Percentage Immunised</i>
Under 1 year	331	
1-2 years	2,738	
2-3 years	3,292	
3-4 years	3,516	
4-5 years	3,629	
	13,506	51.2
5-10 years	22,308	
10-15 years	23,796	
	46,104	89.3

Out of the total number of children under 15 years of age, estimated at 78,000, 76.4 per cent. (59,610) had been immunised against diphtheria at the end of the year.

In view of Ministry of Health Circular 8/57 dated 4th July, in connection with immunisation against Diphtheria and Whooping Cough, certain modifications of the immunising procedure were brought into operation later that month.

The main alteration was to suspend the use of the Combined Vaccine (D.P.P.). For all primary immunisations against Diphtheria it was decided that formol toxoid would be the only antigen used—two injections each of 1 m.l. at a minimum interval of 28 days and a single injection of 1 m.l. to be used for reinforcing doses. T.A.F. would be used in 1 m.l. doses for the reinforcing dose in children over 5 years of age who had been primarily immunised with A.P.T., P.T.A.P. or combined diphtheria pertussis vaccine. The policy that immunisation should take place at about 8 or 9 months old would continue whilst immunisation against whooping cough (three separate injections at monthly intervals) would be offered at the third month.

This resulted in a reduction in the number of children immunised against Diphtheria towards the end of the year and a corresponding increase in the number receiving Whooping Cough immunisation (see table) :-

	<i>Immunised against Diphtheria</i>	<i>Immunised against Whooping Cough</i>
First Quarter	870	5
Second Quarter	1,053	7
Third Quarter	1,100	44
Fourth Quarter	570	450

TABLE XX

DIPHTHERIA IMMUNISATION IN 1957

	Schick Test			Immunised after Test	Immunised without test			Immunisation not complete at 31st December			Schick Re-Test			Second Immunisation	Second Immunisation completed at 31st December	Reinforcing Injection		
	No.	Neg.	Pos.	N/K	Diphtheria Antigen	Combined Antigen	Total	Diphtheria Antigen	Combined Antigen	No.	Neg.	Pos.	N/K			Diphtheria Antigen	Combined Antigen	Total
Immunised by Local Health Authority:																		
Adults (15 years and over)	36	29	7	—	9	—	—	—	—	139	118	21	—	22	1	—	—	—
Schoolchildren (5 to 15 years)	—	—	—	—	—	457	118	296	31	—	—	—	—	—	—	6,428	521	6,949
Children (under 5 years)	—	—	—	—	—	407	1,545	193	325	—	—	—	—	—	—	7	6	13
Immunised by Private Doctors	53	35	18	—	18	72	967	1,039	16	—	—	—	—	—	—	71	108	179
TOTAL	89	64	25	—	27	936	2,630	3,566	372	139	118	21	—	22	1	6,506	635	7,141

TABLE XXI

IMMUNISATION AGAINST WHOOPING COUGH, 1957

	<i>Immunised</i>	<i>Incomplete at 31st December</i>	<i>Reinforcing Injection</i>
Immunised by Local Health Authority :			
Adults (15 years and over)	—	—	—
School Children (5-15 years)	4	2	—
Children (under 5 years)	444	423	—
Immunised by Private Doctors	58	—	—
Total	506	425	—

Vaccination against Smallpox and Immunisation against Diphtheria and Whooping Cough are available at the following Clinics free of charge :

St. Martin's Church, North Road	Each Monday at 2-0 p.m.
St. Philip's Church, Amethyst Road ...	Each Monday and Wednesday at 2-0 p.m.
Church of the Ascension, Priory Road	Each Monday and Friday at 2-0 p.m.
North Hull Clinic, Ellerburn Avenue	First and third Monday in each month at 2-0 p.m.
East Hull Clinic, Morrill Street	Each Tuesday at 2-0 p.m.
Methodist Church Hall, Preston Road ...	Each Tuesday at 2-0 p.m.
Mission Hall, Carlton Street	Each Tuesday at 2-0 p.m.
Methodist Church Hall, Potterill Lane, Sutton ...	Each Tuesday at 2-0 p.m.
St. Nicholas Church, Pickering Road	Each Wednesday at 2-0 p.m.
Newland Methodist Church, Newland Avenue	Each Wednesday and Friday at 2-0 p.m.
West Hull Clinic, 69 Coltman Street	Each Thursday at 2-0 p.m.
King's Hall, Fountain Road....	Each Tuesday and Thursday at 2-0 p.m.
St. Michael's Church, Holderness Road	Each Thursday at 2-0 p.m.
Church of the Transfiguration, Albert Avenue	Each Friday at 2-0 p.m.
Sykes Street Clinic ...	Each Friday at 2-0 p.m.
St. Ninian's Church, Chanterlands Avenue	Each Friday at 2-0 p.m.
Longhill School	Each Saturday at 9-30 a.m.

Influenza Vaccine. In September the Ministry of Health circulated information regarding a vaccine designed to give protection against Asian type influenza. The Ministry had decided that this vaccine should be offered to certain groups specially exposed to infection, including hospital staffs, general practitioners, and local health authority staff who care for the sick in their own homes, such as home nurses, midwives, home helps and ambulance staff. Vaccination consisted of two injections each of 1 c.c. at an interval of not less than three weeks, preferably of one month.

330 c.c's. of vaccine were received in three issues and a total of 139 persons were fully vaccinated with two injections, whilst a further 30 persons received one injection only.

Vaccination against Poliomyelitis. Vaccination against Poliomyelitis was continued throughout the year with a few modifications to the original scheme.

General practitioners co-operated in the giving of these injections to their patients and at the end of the year 75 doctors were participating in the scheme. In May, children born in the years 1955 and 1956 were offered vaccination and a second opportunity to register was given to those children born in the years 1947 to 1954. In November, the age periods were further extended to include all children born in the years 1943-46 and those born in the year 1957 who had reached the age of 6 months.

Vaccination was also offered to expectant mothers, general practitioners and their families and local authority ambulance staff and families.

Thus a continuing offer of vaccination was made to all children born from 1943 onwards and the registration of these children placed a great strain on the Department. School children were registered through the schools with the co-operation of the Education Department and press and other publicity was given to the matter.

When figures were submitted to the Ministry of Health showing the position on 31st December, a total of 44,575 persons were awaiting vaccination, such number being made up as follows :-

Children born in the years 1943-57	44,375
Expectant mothers	36
General practitioners and families	79
Ambulance staff and families	75
Families of Hospital Staff	10

TABLE XXII

Vaccination against Poliomyelitis, 1957

Summary of children fully vaccinated with two injections

Year of Birth	At Health Department Clinics	By General Practitioners	Total
1945	—	1	1
1946	—	—	—
1947	571	196	767
1948	492	169	661
1949	463	170	633
1950	451	194	645
1951	379	159	538
1952	406	144	550
1953	394	135	529
1954	260	133	393
1955	1	3	4
Total	3,417	1,304	4,721

Number of children who received one injection only—798.

As in previous years General Practitioners were asked to report to the Health Department any case of illness occurring in a child following Poliomyelitis Immunisation. Twenty-five such cases were reported and all were visited by a Medical Officer from the Health Department. Careful investigation showed that many of the complaints were of a seasonable character, i.e. influenza, tonsillitis, upper respiratory infection and in no case was it considered that the reaction was specifically due to the Poliomyelitis Vaccination. In the case of one child reported by a General Practitioner, there appeared to have been an allergic reaction to Penicillin and in view of this reaction it was thought unwise to continue with the immunisation.

SECTION 27—AMBULANCE SERVICES

The figures for the total number of patients carried and the number of miles run by the ambulance service continue to increase each year. Once again, therefore, it has to be reported that the year under review was the busiest year since the service commenced in 1948.

The aggregate mileage for the whole of the Department's ambulance and other transport services was 633,111 this figure comparing with a total mileage of 555,990 for 1956.

The following details refer only to the work of the ambulance service.

AMBULANCE SERVICE STATISTICS

	No. of Patients		Mileage	
	1957	1956	1957	1956
Ambulance Cases	50,162	37,681	260,877	230,235
Sitting Cases	59,455	49,288	205,531	187,615
Totals	109,617	86,969	466,408	417,850

These figures show an increase of 26% in the number of patients carried in 1957 compared with 1956 and, similarly an increase of 11% on the mileage run. In spite of these increases, however, the average mileage per patient for 1957 was the lowest recorded so far, being 4.25. The average mileage per patient for 1955 and 1956 was 4.8, which was the previous lowest figure.

As before, the majority of cases carried were out-patients attending the physiotherapy departments and remedial gymnasiums at the Hull Royal Infirmary and Kingston General Hospital. As from June, however, requests were received for the transport of out-patients to and from the De la Pole Hospital at Willerby. As from January, 1957, the Ambulance service undertook the work of conveying low-grade mental defectives to and from St. Mungo House, on five days per week, these patients being additional to those carried in 1956.

On the 18th May, H.M. The Queen and the Duke of Edinburgh visited the City and extra staff were maintained on duty throughout the day. Ambulances were stationed at various vantage points in the City and along the route taken by Her Majesty; other ambulances were placed in East Park where the Royal Party inspected large contingents from Youth Organisations. Fortunately, the ambulance service was not called upon to any extent, only one casualty being collected from the processional route and one from the rally in the East Park.

During the influenza epidemic in September and October, the operational staff of the service was depleted by an average of ten per day. At the same time, of course, the commitments of the service were extremely heavy, the normal admissions to the Castle Hill Hospital, for example, increased suddenly from an

average of 4 to 12 cases per day. These admissions to the Castle Hill Hospital contribute to the increased mileage run during the year, as a journey to the hospital and back is 15 miles.

Radio Control. Of the 22 ambulances in the service, 21 are radio controlled, whilst 10 of the 12 sitting case vehicles are also radio controlled. It is anticipated that the one remaining ambulance and the two sitting case vehicles will be equipped during 1958.

Although the ambulances have been radio controlled since 1951, it was not until 1956/57 that the fitting of radio sets to sitting cases vehicles was undertaken. Since the sitting case vehicles have been equipped with radio, there has been a quicker turn-round and a reduction in the mileage run per patient carried.

Emergency Calls. During the year, 3,783 emergency calls within the City were dealt with, whilst 34 emergency calls from outside the boundary were answered at the request of the East Riding County Council. The mileage involved to cover the whole of these emergency calls was 17,550, this figure being 499 miles less than in 1956 when 3,870 emergency calls were answered within the city and 40 from outside the boundary.

No major accident occurred during the year.

Long Distance Rail Journeys. Arrangements were made for 17 patients to be carried by rail for distances totalling 3,034 rail miles. There is close and satisfactory co-operation between British Railways and the Ambulance Service.

Premature Baby Cots. Forty-eight premature babies were conveyed during 1957, eight of the journeys being at the request of the East Riding County Council.

Midwifery Car Service. This service covered a distance of 34,722 miles conveying midwives, delivering "Minnitt" and "Trilene" apparatus on the midwifery districts, and, additionally, delivering the new Sparklet Resuscitators for newly born babies.

The ambulance service still remains responsible for the maintenance of the "Minnitt" apparatus.

Home Nursing Service. During the year a further three Vespa motor scooters were purchased, bringing the number to twelve. These scooters are used on their daily house-to-house visits by those nurses having large areas to cover. A total mileage of 46,265 miles was run, as compared with 24,084 miles in 1956.

The ambulance service cars also ran a total of 7,216 miles on Home Nursing duties, making a grand total of 53,481 miles during 1957.

Mental Health Service. In addition to the normal carriage of patients for mental treatment, a total of 11,294 miles was run in respect of mental health services carried out under Section 28 of the National Health Service Act and under the Mental Deficiency Acts.

On the opening of St. Mungo House in January, the ambulance service undertook the conveyance of low-grade mental defectives from their homes to such day centre and return. Up to the end of the year, a total of 9,970 patients were moved, involving a mileage of 18,533. Two ambulances were used each morning and evening, each journey being of about one and a half hours duration.

Mobile Immunisation Clinic. The Mobile Immunisation Clinic was in use for approximately 857 hours during the year, travelling a distance of 2,422 miles.

Mortuary Service. During the year, 295 bodies were removed to the Mortuary, 1,479 miles being run by the special mortuary vehicle.

Delivery Van Service. The five delivery vans ran a total of 37,132 miles during the year, involving a running time of approximately 7,200 hours.

Premises. Work on the new Central Ambulance Station to be erected in Osborne Street commenced in 1957 and the Station should be ready for occupation by July, 1958. This means that the staff can look forward to working in pleasant surroundings and the disappearance of many operational difficulties which exist with the present accommodation.

Vehicles. During the year, a large replacement programme was carried out. The four midwifery service cars were replaced by Morris "1000" cars which are proving ideal both mechanically and economically for the work they have to undertake. Three ambulances were also replaced and two new ambulances, two new sitting case vehicles and three Vespa motor scooters were added to the fleet to provide for increased commitments.

The ambulances and sitting case vehicles were all painted in the new colour of two-tone metalescent blue.

At the end of the year, the composition of the ambulance and transport fleet was as follows :-



AMBULANCE SERVICE
Forward drive ambulances purchased 1957

22	Ambulances
2	Ambulances retained for Civil Defence Training only
12	Sitting Case Vehicles
4	Midwifery Service Cars
1	Mobile Immunisation Clinic
6	Delivery Vans
5	Other Cars
1	Food Inspection Branch Truck
1	Mortuary Service Vehicle
12	Vespa Motorscooters

Five vehicles are maintained by the ambulance service workshop on behalf of the Civil Defence Committee.

Staff. Mr. J. Connell, who had been Deputy Ambulance Officer since the inception of the service in 1948, left to take up an appointment as Area Supervisor with the Lancashire County Council Ambulance Service on 1st May. He was succeeded on 4th June by Mr. F. J. Grant who, prior to taking up his duties with this Authority, had been Deputy Ambulance Officer at Huddersfield.

The establishment of the Ambulance Service at 31st December was as follows :—

1	Chief Ambulance Officer
1	Deputy Ambulance Officer
1	Station Superintendent
4	Chargehands
2	Telephonists
3	Clerical Staff
25	Male Drivers (Days)
36	Male Drivers (Shifts)
12	Female Drivers (Shifts)
7	Maintenance Garage Staff
—	
92	Total
—	

Civil Defence Training. The Chief Ambulance Officer and the Deputy Ambulance Officer continued the training of the staff of the Civil Defence Ambulance and Casualty Section, in liaison with the Civil Defence Officer.

The volunteers are trained in basic Civil Defence duties, first aid, the collection of casualties and the evacuation of patients to hospitals. As the training programme develops, it is hoped to include new out-door exercises. The volunteers are keen to maintain a high standard of efficiency and it is expected that teams will be entered in the Civil Defence Regional Competitions to be held during 1958.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis. See page 146.

A summary of the applications received for services provided under this Section is given in Table XXIV page 114.

Recuperative Holidays and Convalescence. Although the number of applications received during the year was 5 more than in 1956 there would probably have been more applications had the weather in the spring and summer months been more favourable. Of the 27 applications shown in Table XXIV as "Not Granted" 2 applicants were not eligible under the Corporation scheme, 6 were not suitable cases, 16 withdrew their applications for various reasons, 1 patient needed medical supervision so that convalescence was arranged through the Almoner of the Western General Hospital, whilst the remaining 2 applicants died before their applications could be dealt with.

One patient who was sent for a recuperative holiday was a bachelor who lived alone; he was a sheet metal worker who lost his job because he had not the strength to do it. His case was brought to the attention of the Department by the Disablement Rehabilitation Officer who wished the patient to have a recuperative holiday in the hope that it would prepare him to undergo a course of rehabilitation. He was sent to the Thornton Guest House, Bridlington, for two weeks but on the recommendation of the Proprietress this was extended by one week in view of his good progress. Ultimately he was admitted to a residential rehabilitation centre in Surrey, completed a twelve weeks' course and was then found employment at his trade in the South of England. The Disablement Rehabilitation Officer regarded the patient as a man who was going downhill rapidly and he felt that without the holiday, the patient would never have been able to undergo the rehabilitation course. It is understood that the Disablement Rehabilitation Officer has quoted this case to the Disablement Advisory Committee as one example of the co-operation he gets from Local Authorities.

Nursing Requisites. Articles are available on loan from the Department for patients who are being confined or nursed at home.

As mentioned in my last report, with effect from the 1st April no charge has been made in respect of the loan of nursing requisites.

Again there was an increase on previous years in the number of applications received for this service. Visits continued to be made to patients' homes by health visitors and others to check articles on loan and to advise on replacement or on the loan of additional articles, or the collection of items no longer needed; the district welfare officers also kindly assisted in this aspect of the service.

The applications sent in during the year were in respect of the following illnesses and showed an increase of 217 over the 1956 total :

Confinement	....	....	....	106
Cancer	....	....	....	134
Senility	....	....	....	173
Cerebral hæmorrhage	....	....	....	242
Disease of the Heart	....	....	....	172
Tuberculosis	....	....	....	42
Fractures, Accidents, etc.	....	....	....	87
Diabetes	....	....	....	20
Pneumonia, Pleurisy	....	....	....	34
Asthma and Bronchitis	....	....	....	83
Rheumatism, etc.	....	....	....	113
Mental Deficiency	....	....	....	4
Others	....	....	....	350
Total				1,560

The number of articles dealt with was as follows :—

TABLE XXIII

	<i>On loan at 31/12/56</i>	<i>Issued during 1957</i>	<i>On loan at 31/12/57</i>
Bedsteads and Cots	117	219	144
Lifting Poles for Bedsteads	6	22	10
Mattresses, Dunlopillo	67	155	92
Mattresses, Hair	93	174	115
Bedding, various items	1,196	2,711	1,614
Sheets, waterproof	208	608	280
Air Rings	104	328	156
Backrests	154	420	219
Bedpans, Urinals, etc.	314	813	367
Commodes	108	279	189
Dishes, jugs, etc.	6	26	20
Scales (Diabetic)	12	7	14
Wheelchairs	120	318	187
Sponge Rubber Cushions	5	31	16
Miscellaneous	169	481	338
Totals	2,679	6,592	3,761

TABLE XXIV

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 28
APPLICATIONS FOR THE PROVISION OF SERVICES OR THE LOAN OF ARTICLES

SERVICE	No. of Applications Received	TUBERCULOSIS CASES			OTHER CASES			TOTAL 1957		TOTAL 1956	
		GRANTED		*Not Granted	GRANTED		*Not Granted	GRANTED	*Not Granted	GRANTED	*Not Granted
		Free	On Full or Part Payment		Free	On Full or Part Payment					
Loan of Nursing Requisites (With effect from 1st April 1957, nursing requisites have been loaned free of charge.)	1,560	36	6	—	1,331	187	—	1,560	—	1,343	—
Provision of Extra Nourishment (Milk) 	179	165	—	14	—	—	—	165	14	127	10
Provision of Clothing 	131	125	—	6	—	—	—	125	6	110	4
Maintenance at Convalescent Homes 	94	—	—	—	6	61	27	67	27	58	31

* "Not Granted" includes all applications which were cancelled, not approved or withdrawn after approval.

Occupational Therapy. The work of the Occupational Therapy Section has been hampered during 1957 by staffing difficulties. The staff consisted of one full-time Occupational Therapist for the whole year, one part-time Registered Occupational Therapy Technical Instructor from January to April, and one full-time unqualified Assistant from May to September. The Occupational Therapist worked single-handed for the remainder of the year.

During the months of July, August and September, the Occupational Therapist gave valuable assistance in the inauguration of the Occupational Therapy Unit at Pashby House. She attended Pashby House on a sessional basis but this arrangement was terminated earlier than was intended owing to the resignation of her Assistant.

A knitting machine demonstrator was appointed on a sessional basis in December. Sessions of two hours per week are booked as required and intensive coaching in the Knitting machine technique is given by this demonstrator.

The following table gives an indication of the work done in this Section :-

CASES ON REGISTER AT 31ST DECEMBER

Class	1956	1957
Pulmonary Tuberculosis and Respiratory Disorders	46	46
Neurological	26	29
General and Medical Orthopaedic	28	32
Psychiatric	7	5
	<hr/> 107	<hr/> 112

From this table it can be seen that the volume of work has been maintained during the year. There has been a slight increase in the number of Neurological and Orthopaedic cases referred for treatment.

Doctors who wish to refer patients for Occupational Therapy complete a comprehensive prescription form and forward it to the Care and After-Care Section. Clinical details of the case and therapy requirements are recorded on

this form and made known to the Occupational Therapist, who maintains progress records for each case. As in former years, close liaison has been maintained between the Occupational Therapist of the Health Department and the Almoners of the Chest Clinics and Hospitals in the area.

Several patients on the Occupational Therapy Section's books are registered with the Disabled War Pensioners Homecrafts Scheme and have entered a homecrafts competition which is sponsored by the local Homecrafts Sub-Committee and will be held in March, 1958.

Handicraft work carried out by the Section is varied—embroidery, jewellery, leatherwork and other completed articles are displayed in the window at 76 Lowgate. This has stimulated a good deal of public interest and many enquiries are made about the sale of goods. A new showcase for the display of goods for sale has been provided at the Branch Office, Witham. The sale of articles from this case and the one in the Lowgate office has been sufficient to deal with the number of articles being produced for sale. The number of articles sold in this way is only a proportion of the goods produced, however, as many patients make goods for their own personal use or for friends. The Occupational Therapist not only deals with instruction in handicraft work for diversional purposes but is able on many occasions to advise patients on the ways in which their homes can be adapted to suit their physical handicaps and limited capabilities. In some cases, arrangements are made for personal gadgets to be supplied to handicapped persons to assist them in overcoming feeding or toilet difficulties.

Health Education and Publicity. Circulars were again sent out during the year to women's institutes, clubs, guilds, mothers' unions, and similar organisations informing them that the Health Department was prepared to provide lecturers on health matters. As a result, thirty lectures were given by officers of the Department on various subjects such as home safety, mental health, food hygiene, the work of a public health inspector, etc.

Due to the great interest taken in Dr. Grantley Dick Read's lecture and film entitled "Childbirth Without Fear" at the Queen's Hall in September, 1956, another lecture—"Natural Childbirth" was arranged to coincide with Dr. Grantley Dick Read's visit to the Midwives' Refresher Course in April, 1957. This time the City Hall was booked for the event and, once again, there was a packed meeting. Advantage was taken of the occasion to distribute leaflets

publicising Mothercraft and Relaxation Classes arranged by the Health Department at their maternity clinics.

Home Safety. A Home Safety Week was held during the month of November. Publicity material was supplied to enable the Senior Medical Officer, (Maternity and Child Welfare) to arrange displays at the larger clinics, and a portable display was taken round the smaller clinics. In addition to the printed publicity material supplied, several of the Health Visitors made their own very effective posters. At these clinic displays the emphasis was placed on the danger to children of open fires, and attention drawn to the necessity of providing adequate fireguards.

Posters and book marks were issued to the Central Library and to five private lending libraries.

With the kind co-operation of the Yorkshire Electricity Board there was a display in one of the Ferensway showroom windows of the home safety aspect in regard to electrical appliances.

The Senior Medical Officer (School Health Service), made Home Safety his subject when talking to Parent-Teacher Associations during the week and the Senior Medical Officer (Care and After-Care) gave lectures on the subject to the Kings Hall Darby and Joan Club and to the Hull Society for Mentally Handicapped Children.

Venereal Diseases. Treatment for cases of venereal disease arising in the City and port area continued to be available at the Mill Street Clinic which is administered by the No. 4 Hull (A) Group Hospital Management Committee of the Leeds Regional Hospital Board.

The follow-up of patients and the tracing of contacts is undertaken by the staff of the Health Department. Female cases are dealt with by the Health Visitors as part of their normal district work, whilst a male clerk carries out the work in connection with male patients.

The following table has been extracted from the Annual Return kindly furnished by Dr. C. P. Heywood, Consultant Venereologist :-

TABLE XXV

NUMBER OF PATIENTS ATTENDING THE MILL STREET CLINIC FOR THE FIRST TIME DURING 1957

	Syphilis		Gonorrhoea		Other Conditions		Totals		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Syphilis—Primary	4	1	—	—	—	—	4	1	5
Secondary	—	—	—	—	—	—	—	—	—
Latent in 1st year of infection	2	—	—	—	—	—	2	—	2
Cardio-Vascular	3	4	—	—	—	—	3	4	7
Of Nervous System	1	1	—	—	—	—	1	1	2
All other late or latent stages	3	6	—	—	—	—	3	6	9
Congenital—under 1 yr.	—	—	—	—	—	—	—	—	—
Congenital—over 1 yr.	—	1	—	—	—	—	—	1	1
Gonorrhoea	—	—	186	29	—	—	186	29	215
Chancroid	—	—	—	—	7	—	7	—	7
Lymphogranuloma venereum	—	—	—	—	1	—	1	—	1
Granuloma Inguinale	—	—	—	—	—	—	—	—	—
Non-gonococcal urethritis (males only)	—	—	—	—	132	—	132	—	132
Any other conditions requiring treatment	—	—	—	—	592	68	592	68	660
Conditions not requiring treatment	—	—	—	—	—	—	—	—	—
Conditions still remaining undiagnosed	—	—	—	—	—	—	—	—	—
	13	13	186	29	732	68	931	110	1,041

SECTION 29—DOMESTIC HELP

The administrative staff of the service remained the same as in previous years—1 home help organiser, 1 assistant organiser and 2 full-time clerks.

The number of home helps employed at the end of December was 201 comprised as follows :—

- 47 women and 1 man employed full-time ;
- 145 women employed regularly on a part-time basis, and
- 8 women employed casually.

During the year efforts have been made to employ more staff full-time or on a basis of at least 30 hours per week, and so reduce the number who worked a few hours only each week.

The casual workers were engaged at the onset of the epidemic of Asian influenza in the late summer and their assistance was extremely valuable in keeping the home help service working during that difficult time when many of the regular staff were off ill and urgent appeals for help were being received.

The Department continued their training courses so that by the end of the year practically all of the 48 full-time home helps had received training, with beneficial results.

During 1957 one of the patients attained her "century." A home help has attended her each morning for several years as she has no relative left within the City.

Whilst the maximum charge for the service of a home help continued to be 2/6 per hour practically all applications were assessed on an income basis. The number of persons who received service free of charge was 739, the majority being old age pensioners.

During the year 346 maternity cases were attended, whilst 1,395 other cases received service. Included in this latter figure were :-

Blindness	....	....	....	..	....	....	....	....	29
Carcinoma	....	....	....	..	....	....	....	....	18
Cardiac disease	....	....	....	..	....	....	....	....	152
Diabetes	....	....	....	....	....	....	....	....	20
Fractures	....	....	....	....	....	....	....	....	51
Hypertension	....	....	....	....	....	....	....	....	94
Post-operative	....	....	....	....	....	....	....	..	61
Rheumatism and rheumatoid arthritis	....	....	....	....	....	....	....	..	167
Senility	....	....	....	....	....	....	....	....	535
Tuberculosis	....	....	....	....	....	....	....	..	48

MENTAL HEALTH SERVICE

(SECTIONS 28 AND 51)

The Service is administered by a Sub-Committee of the Health Committee consisting of eight elected representatives of the City Council. The Medical Officer of Health attends meetings and acts in an advisory capacity. Meetings are held monthly during the week preceding the meetings of the Health Committee.

Staff. At the end of the year the Mental Health Staff, working under the direction of the Medical Officer of Health, consisted of :

Establish- ment	Appointment	Name	Qualifications
1	Senior Medical Officer (Care and After-Care)	Dr. A. H. Fairlamb	M.B., B.S., C. & D.P.H.
1	Senior Mental Health Worker	Mr. E. Elliott*	Cert. of R.M.P.A., R.M.N.
9	Mental Health Workers	Mr. F. Branton*	Cert. of R.M.P.A., R.M.N.
		Mr. W. Forward*	
		Mr. A. C. Willby*	Cert. of R.M.P.A., R.M.N.
		Mr. V. L. Wilson*	R.M.N.
		Mrs. F. Pocklington*	Cert. of R.M.P.A., R.M.N.
		Mrs. E. McCreadie*	Cert. of R.M.P.A., R.M.N.
		Miss B. M. Waters	Diploma in Social Studies
		Mr. J. W. Benn	R.M.N., S.R.N.
		Mr. R. S. Quibell	R.M.N., R.F.N.

*Authorised under Lunacy and Mental Treatment Acts.

Children's Occupation Centre (Holden Centre)

1	Supervisor	Vacant	
1	Senior Assistant Supervisor	Miss S. A. Dawson (Temporary)	Diploma of National Asscn. for Mental Health
8	Assistant Supervisors	Miss G. A. Wheelband	Diploma of National Asscn. for Mental Health
		Miss P. J. M. A. Dutton	Diploma of National Asscn. for Mental Health
		Miss M. Webb	Diploma of National Asscn. for Mental Health
		Miss M. Clarkson	
		Mrs. I. Beacher	
		Miss E. Leavis	
		Mrs. W. Hudson	
		Mrs. M. M. Dainty (Temporary)	

Male Adult Occupation Centre

1	Supervisor	Mr. H. Parsons	Cabinet Maker
3	Instructors	Mr. J. Shotbolt	Upholsterer
		Mr. A. Bolder	Cabinet Maker
		Mr. A. Hides	Joiner

Female Adult Occupation Centre

1	Supervisor	Mrs. E. Townhill	
1	Assistant Supervisor	Mrs. H. S. Thompson	

Day Centre

1	Matron	Miss M. Hobson	S.R.N.
4	Attendants	Mrs. A. Cawthorne	
		Mrs. D. Frankish	
		Mrs. M. Kynman	
		Mrs. G. Greenwood	S.E.A.N.

Co-ordination with Other Bodies. It is pleasing to report that the Mental Health Section has maintained close co-operation with general practitioners, hospitals and the Ministry of Labour, particularly with the Disablement Re-settlement Officers.

Mental Health Workers. Mental Health Workers are engaged in all aspects of community care in so far as it is related to mental health. In addition to arranging admissions to hospitals, and dealing with persons suffering from mental disorders, their duties are concerned with the provision of care and after-care to patients discharged from hospitals or referred to them directly by general practitioners. Certain of the Mental Health Workers co-operate closely with the Consultant Psychiatrist at his neurosis clinic held at the Kingston General Hospital, such an arrangement being ideal as it enables the Local Health Authority's Mental Health Workers to carry out after-care under the direct guidance of the Psychiatrist in charge of the patient. In addition to attending these clinics, specially trained Workers hold group discussions and give instruction in relaxation therapy at the Health Department's offices at 76 Lowgate.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Preventive Care and After-Care (Section 28, National Health Service Act, 1946).*

New cases reported to the Mental Health Service during the year for action under Section 28 of the National Health Service Act, totalled 166, the patients being referred as follows :-

From Neurosis Clinics	....	....	62
From De la Pole Hospital	....	....	31
From Pashby House	....	....	16
Welfare Services Department	....	....	4
Marriage Guidance Council	....	....	2
General Practitioners	....	....	36
Miscellaneous	....	....	15
			<hr/> 166

A total of 1,369 interviews and home visits were carried out by the Mental Health Workers, 546 being in respect of patients referred from neurosis clinics and 241 in respect of patients referred from the De la Pole Hospital, whilst patients referred from all other sources accounted for 582 interviews and home visits. This figure of 1,369 shows a decrease of 240 as compared with the previous year, mainly the result of staff sickness. There was also a decrease of 38 in the

number of new cases seen during the year, compared with 1956. As part of their pre-care and after-care duties, Mental Health Workers took an active part in the activities of Pashby House after it opened in July, attending daily and taking part in case conferences with the psychiatrists in charge of the patients attending the Centre. In addition to this, as in former years, discussion groups were held weekly at the Lowgate offices. This form of therapy has been very successful in helping to restore confidence and sociability in otherwise timid and solitary people. Many patients have been introduced to new interests and have formed new and healthy habits.

One of the aggravating factors in cases of neurosis is the poor personal relationship that patients have to their immediate environment and much time is devoted by Mental Health Workers to helping individuals to gain a better understanding of themselves and their relatives. At the same time, visits are made to relatives in order to allay their fears and to maintain contact between families and the mental hospitals and clinics in the area.

A great deal of attention has been focused on the elderly psychiatric patient living in the community and many elderly patients have been visited over long periods. Some have indeed been under surveillance since 1950. In many of these cases where originally it was thought that hospital treatment would be necessary it has been found that mental symptoms tended to abate and be controlled so long as friendly visits were made regularly by members of the Mental Health team.

The visiting of elderly patients necessitates close co-operation with the Welfare Services Department and certain voluntary organisations who have continued to assist the Mental Health Staff in this type of work.

Pashby House. As mentioned in previous reports, the local health authority and the Leeds Regional Hospital Board had been considering for some time the opening of a psychiatric club as a joint venture, and, for this purpose, the adaptation of the James Reckitt Hostel was commenced late in 1956. The conversion of the building was completed in June 1957 and the first patients were referred to this new day Centre early in July.

The Health Committee decided unanimously that the Centre should be named Pashby House as a tribute to Alderman W. Pashby, O.B.E., for his devoted and valued services in connection with mental health.

The medical and nursing staff of Pashby House are supplied by the Hull (B) Group Hospital Management Committee and the clinical work is carried out under the guidance of a Consultant Psychiatrist. Social case work and after-care are the responsibility of the local authority's mental health team.

The patients attending Pashby House are drawn from the mental hospital, from hospital out-patient clinics, from General Practitioners, and from the Health Department's Mental Health Workers.

Close co-operation between General Practitioners and Mental Health Workers led on a number of occasions to patients being admitted to Pashby House instead of to a mental hospital. The Consultant Psychiatrist sees all patients referred to the Centre and is responsible for deciding whether or not they are suitable for admission. Almost all patients receive individual or group psychotherapy but other methods of treatment in the form of drugs or electro-convulsive therapy are instituted where necessary.

A wide variety of handicraft work and occupational therapy is undertaken. Social activities are also many and varied, including gramophone recitals, play reading, quiz programmes, brains trusts, etc. The patients themselves take an active part in all these social therapeutic activities. Under the general supervision of the staff, a social club has been formed by the patients and meets one evening a week for recreational activities.

One Mental Health Worker from the Health Department attends each day, and, as far as is possible, works with the same medical officer each time he attends. In addition, the Mental Health Workers make a valuable contribution to the scheme by investigating social conditions and undertaking after-care. By the end of 1957, the Mental Health Workers made 108 follow-up visits and had had 30 cases referred to them for continued after-care.

The following statistical information has been supplied by the Group Secretary of the Hull (B) Group Hospital Management Committee.

Patients attending Pashby House from the date of opening (1st July) to 31st December :-

Referred from De la Pole Hospital	32
Referred from Out-patients' Clinics	31
Referred from domiciliary visits	24
Referred direct from General Practitioners	5
Referred from Duly Authorised Officers and Mental Health Workers	8
Referred from the Industrial Rehabilitation Unit	1
	<hr/>
	101
	<hr/>

Patients referred, but not accepted	6
Patients referred and accepted, but who did not attend	2
Discharges between 1st July and 31st December :—	
Admitted to De la Pole Hospital	12
Ceased attending and eventually removed from the books	12
Became out-patients	11
Returned to work	9
Admitted to Castle Hill Hospital	1
Admitted to Hull Royal Infirmary	1
Admitted to Industrial Rehabilitation Unit	1
Died	1
	<hr/>
	48
	<hr/>

Attendances during October to December (previous figures not available) 1,788

(b) *Lunacy and Mental Treatment Acts.* The table given below is a summary of the work undertaken under the Lunacy and Mental Treatment Acts in the year under review. Figures for the previous year are in parenthesis.

<i>Lunacy Act, 1890</i>	Males	Females	Total	
Admissions under Section 20—				
To Western General Hospital	44	38	82	(150)
To De la Pole Hospital	120	177	297	(284)
	<hr/>	<hr/>	<hr/>	
Total	164	215	379	(434)
Admissions under Section 21—				
To De la Pole Hospital	1	1	2	(5)
Admissions under Magistrate's Court Order				
To De la Pole Hospital	5	—	5	(—)
Admissions under Section 16 (Certified patients) direct from own homes—				
To De la Pole Hospital	5	9	14	(11)
<i>Mental Treatment Act, 1930</i>				
Admissions under Section 1 (Voluntary patients) —				
To De la Pole Hospital	202	244	446	(329)
To Broadgate Mental Hospital	—	—	—	(4)
Admissions under Section 5 (Temporary patients)				
To De la Pole Hospital	—	—	—	(3)
	<hr/>	<hr/>	<hr/>	
Total direct admissions	377	469	846	(786)
	<hr/>	<hr/>	<hr/>	

Change of Status

From Lunacy Orders to Voluntary Class—

At De la Pole Hospital	82	111	193	(171)
Western General Hospital	4	2	6	(15)

From Section 20, Lunacy Act, 1890 to Section 16—

At De la Pole Hospital	26	57	83	(81)
At Western General Hospital	10	11	21	(37)

From Section 20 to Temporary Class	1	2	3	(—)
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Total	123	183	306	(304)
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Removals

From Western General Hospital to De la Pole Hospital—

On becoming voluntary patients	5	2	7	(13)
On becoming certified patients	5	4	9	(37)

Under Magistrate's Court Order (Formerly dealt with under Sections 24 and 26, Criminal Justice Act, 1948)

5	—	5	(5)
---	---	---	-----

From Western General Hospital to Broadgate Mental Hospital—

As voluntary patients	—	—	—	(4)
As certified patients	1	2	3	(—)

From Western General Hospital to De la Pole Hospital on being certified

—	—	—	(1)
16	8	24	(60)

Miscellaneous

Voluntary and other cases in which advice and assistance were given

379	(286)
-----	-------

Visits by Justices of the Peace to—

Western General Hospital	71	(82)
De la Pole Hospital	148	(110)
Homes	18	(26)
Kingston General Hospital	—	(2)

Property Notices to the Welfare Services Department under the National Assistance Act, 1948

846	(779)
-----	-------

Pre-care and after-care visits to homes

2,093	(690)
-------	-------

Transfers from other mental hospitals to De la Pole Hospital

1	(3)
---	-----

Transfers from Prison to De la Pole Hospital

—	(3)
---	-----

Ineffective visits

67	(42)
----	------

Number of patients interviewed at Section offices

420

Clinics and Case Conferences attended

206

A total of 379 patients were admitted to hospital under Section 20 of the Lunacy Act during 1957 and, as in former years, the great majority (78.4%) were admitted directly to the De la Pole Hospital, the remainder being taken to Western General Hospital which is a specially designated hospital for the purpose. Although there was a decrease of 55 cases admitted under this section as compared with the previous year it does not indicate an improvement in the mental health of the City as voluntary admissions under Section 1 of the Mental Treatment Act show an increase of 113 patients. As reported in previous years female admissions to mental hospitals remain in excess of those of males.

Detailed information of sex, age grouping, and subsequent disposal of patients dealt with under Section 20 of the Lunacy Act is given in the table below.

Age Periods in Years	No. admitted to hospital		Status changed to						Discharged from provisions of Lunacy and M.T. Acts within 17 days	
			Voluntary		Certified		Temporary		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.		
15-29	32	26	14	12	10	5	—	1	8	8
30-44	37	52	20	30	9	18	—	—	8	4
45-59	34	41	17	18	9	20	—	—	8	3
60-74	31	51	13	22	4	16	1	1	13	12
75-90	30	45	4	13	2	3	—	—	24	29
Totals	164	215	68	95	34	62	1	2	61	56

It is interesting to note from these statistics that more than half of the cases admitted under these circumstances were under the age of 60 years. The fact that mental illness is so prominent amongst the younger age groups is a challenge to the psychiatrist and to field workers in mental health to seek out the factors which influence mental breakdown in the community. Early diagnosis and the institution of treatment coupled with energetic after-care may possibly lead to an improvement in this situation. Emphasis must be placed on prevention however, and it is in this field that the Mental Health Worker, who is in the best position to advise about the medical and social services available, must take a leading part.

The Local Health Authority has a duty to inform the public on mental hygiene and this was the subject of a number of talks given to voluntary associations in the City by members of the Mental Health Team. The talks were of a

general nature designed to spread information about mental illness, its cause and prevention and to help in breaking down the prejudice which exists towards the mentally handicapped and the mentally ill.

(c) *Mental Deficiency Acts, 1913-38.* The number of mental defectives under Statutory Supervision under the above-mentioned Acts has increased steadily from a total of 506 in 1952 to a total of 559 in 1957. Of this number the females slightly outnumber the males, the actual figures being 290 females and 269 males. The total on the register gives an incidence of 1.86 per thousand of the City's population.

The table below shows the number of cases reported in the year under review :-

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Cases reported during 1957	35	25	60
Patients placed under Order of the Mental Deficiency Acts	6	7	13
Patients awaiting permanent Care	9	4	13
Patients under Guardianship	—	2	2
Patients placed under Section 3, Mental Deficiency Acts	2	—	2
Patients under Supervision	269	290	559
Patients placed under Section 8, Mental Deficiency Acts	1	—	1

Regular supervision of the mentally subnormal living in the community is one of the important duties of the Mental Health Workers in the field of mental deficiency and in this connection 1,510 visits were made to patients during the year under review. Arrangements were made for 39 patients to be admitted to one of the neighbouring mental deficiency hospitals for Short Term Care. This form of care lasts for two months at a time and is becoming increasingly popular as it gives some relief to parents, particularly in the summer months when they are able to plan holidays for the family.

As in former years domiciliary visits were made to mental defectives who are on licence from mental deficiency hospitals and who reside within the City boundary. Thirty-nine progress reports were submitted to the hospitals concerned in respect of patients on licence within this area.

Of the patients on licence during the year, 10 were discharged from Order of the Mental Deficiency Acts. One male patient was returned to his institution through the courts, his licence being revoked because of persistent larceny, whilst another patient who developed psychotic symptoms had to be admitted to a mental hospital before being returned to the mental deficiency colony from which she had been on licence.

Mental Health Workers attended the local Courts to give evidence in respect of patients who were under Statutory Supervision and with the exception of one, all patients were discharged. It is interesting to note that only one patient was placed in a mental deficiency institution under Section 8 of the Mental Deficiency Act (persons guilty of offences, &c) during the year.

Largely due to the efforts of the Mental Health Workers, employment was found for eight patients under Statutory Supervision. The number of cases under Guardianship remained at two.

As a result of the close co-operation between the local authority and Dr. Newcombe, Consultant in Mental Deficiency, the priority list of patients awaiting institutional care has been kept extremely low. The number of urgent cases awaiting admission at the end of the year was four females over the age of 16, three males over the age of 16 and six males under 16 years of age.

Occupation Centres. Occupation Centres are provided for those children who are excluded from school under Section 57 of the Education Act and reported to the Local Health Authority as being found to be suffering from a disability of mind of such a nature and extent as to make them incapable of receiving education in school, and for those mental defectives who, whilst capable of receiving some training, are unable to sustain employment in open industry.

The City is now served by three Occupation Centres, the activities of which will be dealt with individually in greater detail later in the Report.

These three Centres provide places for a total of 240 defectives of all grades and ages, and comprise the Holden Centre, Tweendykes Road, for children, a temporary Male Adult Occupation Centre at George Yard, and a combined Female Adult Occupation Centre and Day Centre for Low-grade Mental Defectives of any age and either sex at St. Mungo House, Holderness Road.

St. Mungo House. The conversion of St. Mungo House, Holderness Road, into a combined Female Adult Occupation Centre and a Day Centre was completed in December, 1956 and the premises were opened early in January, 1957.

The Female Adult Occupation Centre accommodates 24 trainees. Training consists of handicraft work, rug making, needlework, cookery, &c. As an incentive, the Committee authorised the payment of a pocket money allowance on the same lines as for the male adult occupation centre, i.e. one shilling per day, rising annually by 6d. per day to a maximum allowance of four shillings per day.



PASHBY HOUSE

Opened in 1957 as a Day Centre for the Prevention of Mental Ill-Health, etc.



HOLDEN CENTRE — NURSERY CLASSROOM

When the Centre opened, 22 trainees were enrolled and 13 new trainees were admitted during the course of the year, one of them coming from the low-grade centre. Of 11 trainees who left, 4 were placed in employment, 3 were transferred to the low-grade centre and 4 were considered unsuitable for attendance at the centre.

The type of girl varied considerably in background and temperament. Their ages ranged from 16 to 43 years and included 5 crippled girls. They responded very well to training and all made progress in varying degrees. The standard of handwork was high, morale was good and the girls were very happy and comfortable. Their interest was reflected in their attendance, which averaged 21 daily, throughout the year; apart from the influenza epidemic absence through illness was slight.

Very simple handwork was tackled at first, and then in easy stages, was built up to the present standard. There was a ready sale for the goods made and the work was much admired by parents and visitors. A wide variety of handicrafts were taught including rug-making, canework, silk and wool embroidery, tapestry, crepe paper craft and stamen craft. Fifty blankets were embroidered for the Ambulance Service.

In conjunction with the Male Adult Occupation Centre a successful "Open Day" was held in the Young People's Institute, George Street, on Wednesday, 26th April, 1957, at which the trainees gave an energetic display of country dancing, in addition to exhibiting samples of their handwork.

Another display of the trainees handwork was given at the Chrysanthemum Show at the City Hall on September 24th to 26th inclusive. The work was highly praised and aroused considerable interest on the part of the public.

For recreation and variety, physical instruction or games were given every day and a modified form of country dancing was taught, which proved very popular. Three films were shown during the year whilst on most Friday afternoons a gramophone recital was given.

On June 3rd all the trainees went on a day's outing to Filey. The weather was fine and the behaviour of the girls was excellent.

One afternoon per week was set aside for simple cookery instruction and the trainees also did kitchen and dining room duties on a rota system.

The remainder of the premises at St. Mungo House is a Day Centre for the care of low-grade mental defectives of all ages. Nine cots are available for those patients who are grossly handicapped both physically and mentally, whilst other rooms are available for the care of low-grade ambulant patients who cannot derive benefit from normal occupation centre training. The care of the low-grade defective is always a difficult problem particularly as there has been and still is an acute shortage of hospital accommodation for this type of patient. In many cases parents do not wish to have a child admitted to hospital particularly as, under existing regulations, legal action is necessary for such a procedure to be carried out, other than for Short Term Care lasting up to 56 days. (Early in 1958, the procedure is to be modified to permit informal admissions to mental deficiency hospitals by the Local Authority with the consent of parents.)

This Day Centre is open from Monday to Friday. The patients are admitted on alternate days and are transported to and from the Centre by the Ambulance Service. In exceptional cases, particularly in the case of illness occurring in the family, patients are admitted for a limited time on a daily basis.

Absenteeism was caused by the usual childhood complaints such as measles and chickenpox and also by the influenza epidemic which occasioned some absence during October and November.

The presence of an untrained defective can place an intolerable burden on a household and in this respect St. Mungo House has proved to be invaluable in relieving the burden which such patients place upon members of their families. The admission of young children to St. Mungo House has been an asset because the simple training given at the Centre has made some of the children suitable for transfer to the Junior Occupation Centre. Furthermore, the provision of the Day Centre has helped to relieve the waiting list for mental deficiency hospitals.

Male Adult Occupation Centre. This Centre has fully justified its establishment two years ago for the training and occupation of adult male defectives who are unable to obtain lasting employment in open industry.

The daily attendance figures indicate that the Centre is popular with the trainees. Of a total of 41 patients on the register the number attending has never fallen below 36, even during the influenza epidemic. The monthly average attendance on several occasions was 39.

Two exhibitions of handicraft work were arranged during the year. The first exhibition was at the Young People's Institute when parents and friends were invited to inspect the excellent craftwork carried out. On the second occasion, a stand was allocated at the Annual Chrysanthemum Show at the City Hall and

at this latter exhibition the general public were able to see the handicraft work carried out by the trainees. The overwhelming orders for rugs, baskets, stools, etc. are a testimonial of the excellent value of the articles produced.

During the summer the Society for Mentally Handicapped Children kindly arranged a most enjoyable outing to the coast for the adult patients.

As an extension to the Adult Centre at George Yard it is now proposed to utilise the former child welfare clinic premises at Froghall Lane together with the adjoining land for the further training of adult male defectives. Part of the land will be used to instruct trainees in simple horticultural activities and the remainder will be used for recreational purposes, whilst in bad weather handicraft work will be undertaken indoors. A greenhouse has been donated by the Hull Society for Mentally Handicapped Children for use when the scheme comes into operation early in 1958. It is envisaged that the trainees will attend in groups of about twelve on a weekly basis.

Holden Centre. The Holden Centre was officially opened by R. H. M. Thompson, Esq., M.P., Parliamentary Secretary to the Ministry of Health on the 10th December. The new building replaced the old Occupation Centre premises at 339/341 Anlaby Road, and is a notable milestone in the development of the Mental Health Service in the City. The name of the Centre commemorates the City's first Medical Officer of Health, Dr. John Fearne Holden, who was appointed in 1873 and continued in office until his death in 1881 at the age of 51 years.

The nucleus from which the present Centre has emerged took shape at the end of the Second World War when the Corporation's Committee for the Care of the Mentally Defective decided to purchase two adjacent dwellinghouses, Nos. 339 and 341 Anlaby Road, for the purpose of hostel accommodation and occupational training for mental defectives. Hostel accommodation was required to relieve over-crowding at Tilworth Grange Institution, whilst the Occupation Centre was to provide for the training of ineducable children living with their parents in the community.

The Anlaby Road Occupation Centre opened early in 1947 with forty children in attendance. Meanwhile, however, changes in the structure of the Mental Health Services were foreshadowed by the passing of the National Health Service Act, 1946, and on 5th July, 1948, the date of the coming into operation of that Act, the premises at Anlaby Road were transferred to the Health Committee and continued to be used as an Occupation Centre only. It was soon obvious, however, that the premises were inadequate for their purpose, and the Health Committee decided to seek a suitable site on which to erect a new Centre

capable of meeting the increasing needs of the community. A site was obtained eventually at the corner of Leads Road and Tweendykes Road, a most pleasant location, shaded from both roads by a line of tall trees.

The cost of the buiding was just over £50,000 whilst approximately £3,000 has been expended on furniture and equipment.

The Centre is a single-story building comprising an administrative block and two wings and is designed to cater for 135 children. Situated in the administrative block are the Supervisor's Office, staff room, assembly hall, dining hall and kitchen, whilst in addition to toilets and drying rooms, nine classrooms are contained in the wings, four in the northern and five in the southern wing.

Outside the building there is a paved playground, at one end of which there are swings, a climbing frame, and other equipment, all kindly donated by the Hull Society for Mentally Handicapped Children. The remainder of the site is to be laid out as gardens and lawn.

The main entrance is approached from Tweendykes Road and gives direct access to the entrance hall of the Centre. To the left of the entrance hall and opening off a short corridor are the Supervisor's office, staff room and staff lavatory accommodation. The corridor to the southern classroom wing runs from the main entrance and gives access to the classrooms and lavatories for the older children. Beyond the entrance hall and separated from it by a glazed screen is the assembly hall, which in turn is connected to the dining hall by means of sliding doors. Leading from the dining hall is the northern classroom wing, consisting of three classrooms for the younger children, together with a "Beginners" classroom. The dining hall is served from a fully-equipped kitchen in which gas cooking appliances are installed.

The assembly hall, dining hall and classrooms are steel framed, the remainder of the building being constructed on mainly traditional lines of load-bearing brickwork. The foundations are of reinforced concrete. The sub floors generally are concrete slab.

The floor finishes to the assembly hall, dining hall, classrooms, corridors and staff rooms are hardwood block. All lavatories, the kitchen and food store floors are finished in quarry tiles. The main entrance floor is covered in Thermoplastic tiles in bright colours. All walls are plastered, tiled dados being provided in the lavatories and also in the kitchen. Except in the assembly hall, all ceilings are finished in plaster, the ceiling of the assembly hall being finished in fibre board for accoustical reasons.

Heating is by low pressure hot water served from solid fuel boilers, the whole installation being thermostatically controlled. The Centre is wired for radio services.

Extensive use has been made of bright stimulating colours, particularly in the corridors, assembly hall and dining hall. In the classrooms a more subdued scheme of pastel shades has been used. Wallpapers of good colourful patterns have been used at focal points throughout the building.

The Centre is so constructed that should additional accommodation be required it can easily be added to the existing building.

The Centre was designed by and built under the direction of the City Architect, Mr. Andrew Rankine, O.B.E., A.R.I.B.A., and the General Contractors for the work were Stepney Contractors Ltd., Grovehill, Beverley.

The number of children of both sexes attending the Centre when it was transferred from the Anlaby Road premises to the Holden Centre was 82, and this steadily increased to a total of 93 children at the end of the year. There were considerable numbers absent during the influenza epidemic in the last quarter of the year. 19 children left the Centre during the year; 13 were transferred to the Adult Occupation Centres, two left to reside in the East Riding, two were withdrawn by their parents, one was excluded because of behaviour problems and one was referred back to the Education Authority to attend a special school.

On the 6th December, 1957, the Health Committee invited the parents to a social evening at the Holden Centre during which time they were taken on a tour of inspection of the premises and given an opportunity of discussing matters with members of the Health Committee and with the Medical Officer of Health and the staff of the Centre.

A carol concert was held just before Christmas and the displays by the children were much appreciated by the parents. In addition a Christmas party was arranged for the children just before the Centre closed for the Christmas holidays each child receiving a small present from Father Christmas.

Ambulance Service. Ambulances and other vehicles for mental health work continued to be provided by the Health Department Ambulance Service. The Ambulance personnel rendered valuable assistance by maintaining a smooth and helpful co-operation.

PART IV

INFECTIOUS DISEASES

TUBERCULOSIS

INFECTIOUS DISEASES

The past year has again been satisfactory having regard to incidence and severity. In spite of an influenza epidemic in the second half of the year and an outbreak of food poisoning at Kingston General Hospital in the summer, notifications of infectious diseases in general were reduced to 5,354 from 6,552 in 1956. There were only six cases of poliomyelitis and for the first time there were no deaths from whooping cough. Of the more serious diseases there were six confirmed cases of diphtheria and five cases of meningococcal infection. No formal notifications of acute encephalitis were received but three cases of this disease, which were diagnosed after a period of observation, made satisfactory recoveries.

Methods of control. These were on the same lines as in 1956 except for the non-exclusion of scarlet fever contacts from school. A higher proportion of all the diseases, however, was admitted to hospital, 24% as compared with 18% in 1956. Influenza and scarlet fever were responsible for this higher rate of admission.

TABLE XXVI
Corrected Notifications

Disease	No. of corrected notifications, 1957	Rate per 1,000	
		1957	1956
Smallpox	—	—	—
Scarlet Fever	298	0.99	0.98
Diphtheria	6	0.02	0.02
Typhoid Fever	—	—	—
Paratyphoid Fever	11	0.04	0.02
Meningococcal infection	8	0.03	0.02
Erysipelas	16	0.05	0.09
Measles	3,032	10.09	11.83
Whooping Cough	498	1.65	4.95
Pneumonia	594	1.98	1.70
Acute Poliomyelitis			
Paralytic	6	0.02	0.20
non-Paralytic	—	—	—
Food poisoning	—	—	—
*Puerperal Pyrexia	103	18.27	20.46

* Attack rate per 1,000 live and still births.

Diphtheria. There were 20 notifications of diphtheria, but only six were subsequently confirmed. All were of the gravis strain and all were virulent. Four cases were located in the west of the City and two in the east central area, but neither in distribution nor in the time of occurrence was any connection established between the cases. There were no deaths.

One contact, the mother of a case, had a positive throat swab for *C. Diphtheriae* and she and the rest of the family were segregated until negative. In those cases where the diagnosis was unconfirmed the majority were found to be suffering from tonsillitis, but one case was found to have meningitis and another had glandular fever.

TABLE XXVII

Diphtheria

Year	Notifications received	Diagnosis confirmed	Attack-rate per 1,000 population	Deaths	Death-rate per 1,000 population	Case mortality per 100 cases
1948	82	24	0.08	—	—	—
1949	38	2	0.00	—	—	—
1950	25	4	0.00	—	—	—
1951	16	—	—	—	—	—
1952	11	—	—	—	—	—
1953	5	—	—	—	—	—
1954	17	1	0.00	1	0.003	100.0
1955	41	17	0.06	1	0.003	5.9
1956	25	7	0.02	—	—	—
1957	20	6	0.02	—	—	—

Scarlet Fever. Although there was only a slight increase of scarlet fever cases, 298 as compared with 294 in 1956 more cases were admitted to hospital, 125 receiving hospital treatment as compared with 89 in 1956. Secondary cases amounted to 5.5% of the total notifications compared with 4.2% notified cases in 1956. Increased hospitalisation therefore did not reduce the incidence of the disease in contacts. The disease was mild but to avoid complications which may obtrude later every effort was taken by the department to ensure satisfactory segregation and careful treatment.

Measles. 3,029 cases of measles were notified during the year compared with 3,551 in 1956. The bulk of the cases were notified in the first quarter of the year and were the tail end of the epidemic which commenced in the second quarter of 1956. Quarterly notifications for the past two years were as follows :-

			1st quarter	2nd quarter	3rd quarter	4th quarter
1956	....	....	70	515	952	2,014
1957	....	....	2,628	308	83	10

The epidemic began to wane about the end of March and numbers continued to decrease until the end of May, when notifications were back to normal. The disease was mild and there were no deaths.

The reason for having to admit 43 cases to hospital was mainly on account of social factors but expectant mothers in the early stages of pregnancy have to be shielded from the disease and this caused the admission of a case in one instance while the expectant mother contact received protective inoculation with gamma globulin.

Whooping Cough. 504 cases of whooping cough were notified during the year, compared with 1,486 in 1956. Subsequent correction of diagnosis brought the number for 1957 to 498. There were no deaths. This is the first time there have been no deaths since records were first kept in 1868.

Salmonella Infections/Food Poisoning. A number of individuals may harbour the organisms of disease without themselves being ill. This was clearly evident in relation to salmonellosis during the year.

Notifications of salmonella infection, including paratyphoid fever (*Salmonella Paratyphi B*) were only 16. The offending organism was recovered, however, from 121 additional carriers bringing the total to 137. Five cases were treated at Castle Hill Hospital.

Below are the types of salmonella demonstrated in Kingston upon Hull during the year :-

SALMONELLA INFECTIONS, 1957

Type	No.
Typhimurium	14
Derby	10
Para Typhi B	11
Bovis Morbificans	2
Bredeney	6
Munchen	1
Heidelberg	87
Stanley	4
Enteriditis	1
Thompson	1
Total	137

Paratyphoid Fever. One clinical case of diarrhoea in a boy aged 12 years, who made a complete recovery at Castle Hill Hospital, was found to be Para. B positive. His five brothers and sisters were all discovered to be symptomless excretors of salmonella paratyphi. Five other contacts from a case at Woodgates Maternity Hospital, North Ferriby, in August were also found to have these organisms in their stools without being clinically ill. A baby aged 9 months was still under surveillance by the Health Department at the end of the year as a positive case.

Other Salmonella Infections. In the case also of other Salmonella infections as already indicated, the number of carriers exceeded the number of cases of illness many times. The symptoms of illness in most cases were mild but in some elderly or debilitated the manifestations of the disease were serious.

In no instance could infection be traced to meat, meat products, eggs, fish, prepared foods, made up dishes, &c., but in one sample of food residue from a bin at Kingston General Hospital, salmonella Heidelberg was recovered (11th July, 1957).

Salmonella Heidelberg was responsible for an outbreak at Kingston General Hospital. On the 6th to 13th July several nurses, a few kitchen personnel and twenty odd patients were affected with abdominal colic and diarrhoea varying in severity according to age and lasting for 48-72 hours. A search for carriers in all hospital departments resulted in a total of 77 persons with positive stools being found and the follow-up of ex-patients and sick staff in their homes produced a further 10 positives. The epidemic was quickly brought under control and the hospital staff has to be commended for the manner in which they co-operated with the Health Department. Nine wards in the hospital were affected, all of which were closed for varying intervals, the tendency being for residual infection to lurk longest in the geriatric section. The judicious transfer of patients to the greatest from the least affected wards, coupled with some transfers to Castle Hill Hospital, resulted in the minimum of interference with hospital administration and by the 20th August the last ward in the hospital, (Ward 26) was declared clear.

As indicated, a comprehensive investigation failed to trace the source of infection to the hospital food supplies. However, a young woman of 22 years who was admitted to Kingston General Hospital on the 28th June, 1957, for appendicitis and discharged on 3rd July, was found to be excreting salmonella Heidelberg. Spread from her to ward staff, to kitchen staff, to food and to patients, may have been the primary avenue of infection.

Gastro-Enteritis : Dysentery. These diseases have frequently a common cause in *Shigella Sonnei*. Dysentery is a notifiable disease and Gastro- Enteritis voluntarily notifiable. Both of the diseases, like food poisoning, are more serious at the extremes of life.

Dysentery. Notifications for dysentery increase year by year and 602 notifications were received in 1957. This was subsequently amended to 625. In the majority of cases, the responsible organism was *Shigella Sonnei*. 480 or 77% of the total corrected notifications were in respect of persons under 15 years of age. 219 cases were found to be excreting organisms of *shigella sonnei*.

DYSENTERY 1957

CORRECTED NOTIFICATIONS—INCIDENCE BY AGE AND SEX

<i>Sex</i>	0-5	5-15	15-25	25 and over	Total
Males	129	156	12	44	341
Females	87	108	20	69	284
Totals	216	264	32	113	625

Gastro-Enteritis. 152 cases were notified during the year but this figure was subsequently corrected to 143. This compares with 170 during 1956. Of the 143 cases during 1957, 101 were children under one year of age. There were 14 deaths from gastro-enteritis, distributed under the following age groups :-

<i>Under 1 month</i>	<i>One to eleven months</i>	45 to 64	65 to 74	75 and over	Total
1	3	3	3	4	14

Measures concerning gastro-enteritis and dysentery are similar. Instruction on personal hygiene to school children and to mothers at child welfare clinics is of the first importance. School children with diarrhoea are excluded from school until free from symptoms. Routine sampling of food handlers in infected homes is carried out and all food handlers are excluded from work until free from infection.

A series of observations in schools, initiated in 1956, were continued in 1957. These concerned the incidence of diarrhoea and the relative humidity of school buildings and classrooms. A correspondence was found between the amount of moisture in the atmosphere and the number of excretors. When the readings increased there was a corresponding peak in the incidence of diarrhoea 24-48 hours later. This incidence, of course, is within the incubation period of dysentery and the work may help to form a future basis of control.

Infective Hepatitis. 15 cases of infective hepatitis were voluntarily notified, compared with 28 in 1956. 14 of the cases were treated in hospital. There was one death from the disease, a woman of 43.

Weils Disease. There were no cases of Weils Disease notified in the year.

Acute Poliomyelitis. There were six cases of poliomyelitis during the year. All suffered from some degree of paralysis. This is the same number as last year and is very satisfactory as, nationally, the year was considered a bad one for poliomyelitis there being well over 5,000 notifications, making 1957 one of the worst years since 1947.

In Kingston upon Hull there were no deaths from the disease during 1957.

Meningococcal infections. Three cases were notified and in a further five cases a preliminary diagnosis was subsequently changed to meningococcal infection, making a total of eight cases in the year. There was one death from the disease, this being of a boy aged one week.

Encephalitis. As noted in the introductory remarks, there were three cases of encephalitis, all of which were treated at Castle Hill Hospital and made satisfactory recoveries.

Influenza. Extensive outbreaks of influenza had occurred in the Far East and from April, 1956, it was expected that sooner or later this Asiatic type of disease would reach our shores.

Sporadic cases in Kingston upon Hull in June and July, 1957, were caused by a Virus A of Scandinavian type. This was ascertained from investigations following notification by a small number of general practitioners who were prepared to act as "Spotters."

The Asiatic Variant of Virus A influenza was noted at the beginning of September and the epidemic reached its peak during the week ending 29th September. These facts were obtained from a record of absences from school and industry and from a study of the claims for sickness benefit. The Ministry of Pensions and National Insurance reported a 50% increase in the average number of claims for the week ending 17th September, which rapidly rose to 200% for week ending 24th September. School children seemed to be the first to recover, followed by workers in general industry and by the end of October absences from work and school were approaching what is usual for this time of year.

Thus the outbreak, explosive in character, was true to Asiatic type and so also were the symptoms. These consisted of headache, sore throat, stuffiness in the nose, generalised pains and fever lasting 2-3 days, followed by disability for four days. Most cases were mildly ill. It was impossible to assess the true extent and distribution of the disease as it is not notifiable.

There were 54 deaths in Hull during 1957, (males 22, females 32), and of these 32 occurred during the last quarter of the year.

Influenzal Pneumonia. 154 notifications of influenzal pneumonia were received during the year, 99 of which were during the final quarter. There is no separate record of deaths from influenzal pneumonia; these are included in deaths from pneumonia, which totalled 171. Of these, 64 occurred in the final quarter of the year. A survey of pneumonia deaths according to age from 1953 to 1957 does not show any increase, but rather a decrease.

Pneumonia Deaths in Kingston upon Hull

1953-1957

Year	Under 5	5-14	15-44	45-65	Over 65	Total
1953	60	—	10	36	74	180
1954	59	4	7	42	101	213
1955	50	1	4	23	77	155
1956	45	3	12	37	80	177
1957	39	4	2	38	88	171
Totals	253	12	35	176	420	896

These statistics might have been very much less favourable had it not been for the skilled treatment of the 506 cases (78 more than the previous year) admitted to Castle Hill Hospital. In a large number of toxic cases the Medical Superintendent reported the effective use of staphylococcal antitoxin.

Bronchiolitis in Children. Towards the end of the year there was an increase of bronchiolitis in children. During November and December 32 cases were admitted to the Victoria Hospital for Sick Children, compared with 17 admitted for the corresponding period in 1956.

In this illness symptoms of a common cold in young children, particularly infants, were complicated 4 or 5 days later by respiratory signs which in the untreated case were slow to clear. There was no increase in deaths.

The special branch of the Home Nursing Service for nursing infants and children at home was put to good use and proved invaluable during this epidemic.

Medical Examination of Suspected Infectious Cases. The services of medical officers of the Health Department continued to be available to general practitioners, to assist in the diagnosis of any doubtful case of infectious disease, 50 such visits being made.

Acute Rheumatism Regulations. These Regulations make notifiable any case of Acute Rheumatism, as defined by the Regulations, in a person under 16 years of age.

During 1957, 5 cases were notified according to the Regulations.

TABLE XXVIII

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1957

Disease	NUMBER OF CASES NOTIFIED														TOTAL CASES NOTIFIED IN EACH WARD OF THE CITY																					
	AGES																																			
	At All Ages	Under 1 year	1 year and under 2 years	2 years and under 3 years	3 years and under 4 years	4 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 20 years	20 years and under 25 years	25 years and under 35 years	35 years and under 45 years	45 years and under 65 years	65 years and upwards	Albert	Alexandra	Beverley	Botanic	Coltman	Drypool	E. Central	Marleeet	Myton	Newland	N. Newington	Paragon	Park	Pickering	St. Andrew's	Southcoates	S. Newington	Stonelferry	Sutton	University	W. Central	
Diphtheria ...	20	—	—	—	2	3	4	2	4	2	—	1	2	—	2	—	1	2	1	—	—	—	—	—	1	—	—	1	1	6	3	—	—	—	—	
Erysipelas ...	17	—	—	1	—	—	1	—	1	—	3	—	7	4	—	—	—	2	1	—	—	—	—	2	—	1	2	—	—	—	—	—	1	6	1	1
Scarlet Fever ...	307	4	10	27	42	28	171	18	3	3	1	—	—	—	7	12	7	10	12	8	1	20	3	13	15	3	13	24	3	13	13	11	11	79	32	10
Measles ...	3029	182	344	375	430	417	1193	58	10	9	10	1	—	—	110	144	196	101	178	38	108	45	62	118	83	27	110	105	130	96	137	171	504	410	156	
Whooping Cough ...	504	52	62	66	56	61	194	5	1	2	2	3	—	—	19	13	29	28	17	9	47	10	5	34	24	3	17	30	8	10	22	32	32	49	66	
Pneumonia (all forms)	757	81	33	30	26	14	39	25	32	23	46	62	195	151	33	36	21	38	38	26	13	26	18	45	58	4	26	50	29	45	36	27	96	57	35	
Acute Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Polomyelitis ...	4	—	—	—	2	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	1	—	—	
Meningococcal Infection ...	3	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Food Poisoning ...	10	—	—	—	2	—	3	—	—	1	2	—	1	1	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	3	3	
Dysentery ...	602	31	40	61	37	39	183	43	12	37	49	26	24	20	12	18	12	49	18	29	15	20	5	28	31	8	21	15	10	9	12	12	251	23	4	
Para Typhoid Fever	6	—	—	1	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	5259	352	489	561	598	563	1790	154	63	77	114	93	229	176	183	223	266	230	265	110	185	127	93	243	215	47	190	225	186	177	219	255	968	575	277	

Admissions to Infectious Diseases Hospitals during 1957

Infectious Disease	Castle Hill Hospital, Cottingham	Gross Lane Hospital Scarborough	Yearsley Bridge Hospital, York	Snaphorpe Hospital, Wakefield	Seacroft Hospital, Leeds	Thistle Hill Hospital, Knaresboro'	Total 1957	Total 1956
Scarlet fever	87	9	28	—	—	1	125	89
Diphtheria	7	—	—	—	—	—	7	7
Acute Poliomyelitis	6	—	—	—	—	—	6	6
Meningococcal infection	5	—	—	—	—	—	5	5
Whooping cough	22	1	—	—	—	—	23	66
Measles	40	1	1	—	—	1	43	47
Pneumonia	505	—	—	1	—	—	506	428
Dysentery	78	1	—	—	—	—	79	92
Other Diseases	476	—	6	—	6	—	488	445
Total	1226	12	35	1	6	2	1282	1,185

Disinfecting Station. During 1957, 18,174 articles of bedding, &c., were disinfected, 566 houses were disinfected, 197 verminous persons were cleansed and 2 ambulance drivers who had been contacts of cases of infectious disease had baths and their clothing disinfected.

TUBERCULOSIS

Incidence and Mortality. In the following table are given new cases and deaths arranged in age periods, respiratory and non-respiratory figures being shown separately.

TABLE XXIX

NEW CASES AND MORTALITY

Age Periods	NEW CASES*						DEATHS					
	Respiratory		Non-Respiratory		Totals		Respiratory		Non-Respiratory		Totals	
	M.	F.	M.	F.	1957	1956	M.	F.	M.	F.	1957	1956
0- 1	4	2	—	—	6	1	—	—	—	—	—	—
1- 5	5	6	1	3	15	14	—	—	—	1	1	1
5-10	5	3	—	1	9	10	—	—	—	—	—	—
10-15	6	5	1	—	12	10	1	—	—	—	1	—
15-20	11	14	2	—	27	29	—	1	—	—	1	—
20-25	9	13	—	—	22	39	—	—	—	—	—	—
25-35	24	26	1	1	52	69	1	2	—	—	3	8
35-45	22	16	1	3	42	36	6	2	—	1	9	3
45-55	22	7	1	—	30	40	4	1	1	—	6	8
55-65	16	9	—	—	25	31	13	2	—	—	15	10
65 and over	16	—	—	—	16	17	12	1	—	—	13	18
1957	140	101	7	8	256	—	37	9	1	2	49	—
1956	139	128	12	17	—	296	34	10	3	1	—	48

* Primary notifications and other new cases coming to the knowledge of the Medical Officer of Health.

Death-rates. The death-rate per 1,000 of the population from respiratory tuberculosis was 0.15 and from non-respiratory disease 0.01, giving a total death-rate of 0.16 for all forms of tuberculosis.

TABLE XXX

Year	Deaths in Kingston upon Hull			Death-rate per 1,000 Population	
	Respiratory	Non-Respiratory	Total	Kingston upon Hull	England and Wales
1907	302	122	424	1.61	1.62
†1917	368	142	510	2.07	1.62
1927	286	76	362	1.22	0.97
1937	295	63	358	1.12	0.69
1947	185	38	223	0.77	0.58
1953	74	13	87	0.29	0.20
1954	75	6	81	0.27	0.18
1955	56	4	60	0.20	0.15
1956	44	4	48	0.16	0.12
1957	46	3	49	0.16	*0.10

* Provisional

† The deaths for 1917 relate to civilians only.

Tubercular Meningitis. During 1957 there was one death (a girl aged two years) in which tuberculous meningitis was certified to be the principal cause.

Notifications. The following table shows the total number of new cases brought to light during the last five years.

TABLE XXXI

YEAR	NEW CASES				TOTAL NEW CASES
	From Primary Notifications		On Information from Other Sources		
	Respiratory	Non- Respiratory	Respiratory	Non- Respiratory	
1953	328	37	18	4	387
1954	326	30	20	3	379
1955	296	26	10	1	333
1956	254	25	13	4	296
1957	231	13	10	2	256

Examination of Contacts. The following table shows the number of new contacts examined by the medical officers of the Chest Clinics during 1957 and previous years :—

<i>Year</i>						<i>No. of Contacts</i>
1953	....	....	....	....	....	649
1954	..	....	....	....	....	588
1955	....	....	....	....	....	596
1956	....	....	....	....	....	642
1957	....	....	....	....	....	664

The total of 664 contacts who attended the Chest Clinics during the year is estimated to be little more than half of all familial contacts of the 256 new cases of tuberculosis notified in 1957, but many other adolescent and adult contacts accepted the offer of chest x-ray examination by the Mass Radiography Unit at its base in the City. "Contact" examination is voluntary; there are always those who either decline or find it inconvenient to attend the Clinic, or default for other reasons, *e.g.*, loss of working time and wages incurred. The fact that no x-ray facilities yet exist at the Chest Clinics, involves each contact making two initial attendances, firstly at a Chest Clinic and secondly at an appropriate x-ray centre. "Contact" examination is an important means of detection of hitherto unsuspected or unknown disease in a tuberculous family or household. It is difficult to extend it, under present legislation, to other groups—work, school, social—with whom the "index" was associated before the illness was discovered, the main impediment being that "Notification" and other action taken subsequently is necessarily confidential.

B.C.G. Vaccination of Contacts. All child contacts are offered B.C.G. protection after preliminary tuberculin "Heaf" testing and during 1957, 334 children were vaccinated under this scheme.

B.C.G. Vaccination is also given to young nurses and laboratory workers who are negative mantoux-reactors.

"Contact" examination including chest x-ray, to embrace the parents and others in families of "tuberculin-positive" thirteen-year-old school children and "toddlers" is a valuable means of tuberculosis case-finding. It could use-

fully be extended to families of school children of all ages, provided that their routine skin-testing was part of the statutory medical examinations while at school.

Already, several cases of respiratory tuberculosis in parents have been brought to light by the scheme instituted in 1956 whereby parents are invited to take their child to a Child Welfare Clinic on its second, third and fourth birthday for a health check-up including tuberculin skin-testing. The Chest Clinic is informed of reactors, and quickly offers clinical and x-ray examination to other members of the family. Infants and very young children, if "tuberculin positive," have become infected nearly always by contact within the family circle, with human source of tuberculosis.

Chest Clinics. The Hull "B" Group Hospital Management Committee maintains two Chest Clinics in the City to deal with patients resident within Kingston upon Hull and the adjacent area of the East Riding.

The following details for 1957 and previous years relate only to Hull patients under the care of the Chest Clinics :-

Year	Number of Cases on Register 31st December	Examinations	Total Home Visits by T.B. Health Visitors
1953	1,724	9,009	9,042
1954	1,790	8,961	8,735
1955	1,800	8,805	8,201
1956	1,851	8,249	6,227
1957	1,896	8,182	8,219

Mass Radiography. In 1957 the Hull Unit (2C of the three Regional M.M.R. Units) worked in the East and North Ridings, York and Hull. The medical work was shared by the four doctors on the Chest Clinic Staff, under the direction of the Consultant Chest Physician.

Of the 51,014 persons x-rayed by the Unit during the year, 22,696 persons were domiciled in Hull and District and were composed of the following groups :-

Mental Patients	1051
Hospital Management Committee Staffs	585
Scholars (Hull High School)	77
" Mantoux " Positive School Children	776
Training College Students	383
University Students and Staff	1103
" Remploy " Employees	34
Merchant Navy Personnel	8
Ante-Natal Sessions	623
General Practitioners' Sessions	4,029
" Mantoux " Positive Contacts	438
Chest Clinic " Contacts "	774
Hungarian Refugees	2
Hull Corporation Employees	2,768
Civil Servants	36
Hull Borstal Internees	110
Industrial Groups	5,693
PUBLIC SESSIONS	4,032
Haltemprice " Mantoux " Positive Contacts	26
Other Local Government Employees	148
	<hr/>
	22,696
	<hr/>

General Practitioners' sessions held at the Dispensary Buildings, Baker Street, continued to provide an excellent means of case-finding, the number of cases of active pulmonary tuberculosis found representing a rate per thousand nine or ten times higher than that found in routine surveys of the general population.

These sessions, held on a Saturday morning, are popular and well attended and in the forthcoming year, extra sessions will be held fortnightly for General Practitioners' nominees : this will allow for the x-raying of approximately five hundred persons a month.

It is thought that Hull should have a static unit based in the City throughout the whole year so that more time could be spent in the examination of selected industrial and other groups.

X-Ray Work at the East Hull Clinic. Arrangements continue to be made for X-ray examinations as follows :

- (a) Staff working in contact with organised groups of children ;
- (b) New entrants to the Local Government Service (including Fire Brigade and Police Force) ;
- (c) New entrants to the Corporation's Superannuation Scheme ;
- (d) Corporation Staff in respect of whom X-ray examinations were thought desirable in connection with medical examinations in the Sick Pay Scheme, or their fitness to continue in their posts, etc.

220 examinations were carried out in connection with (a) above, and 688 examinations were made in connection with (b), (c) and (d), the cost of these latter being refunded by the Committees concerned.

The total of 908 X-rays were examined by Medical Officers of the Health Department, and in a few instances the Consultant Chest Physician was referred to for his opinion regarding the films.

Domiciliary Treatment of Tuberculosis. During 1957, several patients were visited for the giving of "refills," sometimes for as long as six months at weekly or fortnightly intervals, or until the patient could attend or be brought by car to the pneumothorax clinic when the acute phase of the illness had terminated.

As well as domiciliary "collapse" treatment, mention must be made of the invaluable work done by the Home Nursing Service whose nurses visit, on a doctor's request, those home-bound tuberculous patients who need injections of antibiotic drugs.

In the past year or two, many hundreds of domiciliary visits have been carried out by the nurses for this purpose alone ; at any one time, fifty patients or more in the City are under current treatment of this kind in their own homes, the minimum course consisting of daily injections over a period of six weeks.

Sanatoria Admissions. The Sub-Regional bed-bureau, conducted at the Coltman Street Chest Clinic, arranges all admissions of tuberculous patients

domiciled in the East Riding, York and parts of the West and North Riding areas, as well as in Hull. The bed-bureau has access to four hundred beds (approximately) for the treatment of tuberculosis, 270 being in the relatively nearby county area or in Hull.

In 1957, 302 Hull patients were admitted for treatment to Tuberculosis Sanatoria or Hospitals. There is no waiting list for admission as in previous years.

Rehabilitation—Special Remploy Factory. This factory continued with success its work of rehabilitation during 1957, the number of men and women working on the 31st December being approximately 94. Since the factory opened in February 1949, 233 workers have been employed, some temporarily, later passing on to other work or vocational training outside.

During the year, the health of the workers was satisfactory on the whole, the relapse rate was not excessive, whilst morale and team-spirit were on a high-level, as in previous years.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Reference to the B.C.G. Vaccination Scheme for 13 year old children appears separately in the School Health Service Section of this Report. The following tables, however, give the results obtained and the numbers vaccinated during the 1957 programme.

Table A indicates the percentage of consents given for children resident within Kingston upon Hull and also for pupils who though not actually resident in the area were attending schools within the City. The response of parents to the B.C.G. Vaccination Scheme continued to be highly satisfactory and it is to be noted that over 70% of parents or guardians expressed a wish for their children to be tuberculin tested and vaccinated if necessary.

Table B shows the results of tuberculin testing.

Table C gives details of the results obtained at each of the schools included in the scheme. It will be seen from the table that vaccination was not completed in 531 cases. This was largely due to the influenza epidemic which occurred during the last quarter of the year and caused large numbers of children to be absent from school when tuberculin testing and screening was being carried out. These absentees will, however, be followed-up early in the new year.

Table D gives an analysis of the results at different types of schools. A total of 1984 children were found to be tuberculin negative and 806 to be tuberculin positive and from these figures it will be noted that 28.89% were positive to tuberculin testing.

Table E indicates the percentage of positive reactors in the various wards of the City. As a point of interest, these figures have been included in the statistical ward map of the City, inserted after this table.

During the year, a follow-up of children who had been given B.C.G. Vaccination was carried out. Since the inception of the B.C.G. Vaccination Scheme in October, 1954, a total of 6,554 school children have been vaccinated, and it was found on careful scrutiny of notifications from the Chest Clinic that no case of pulmonary tuberculosis or tubercular meningitis had been reported in a child who had been successfully vaccinated. The only case of note was that of a boy who was vaccinated in October, 1954 and was notified in March, 1955, as suffering from tubercular cervical adenitis. He was discharged from the Tuberculosis Register in May, 1955, however, so it would appear that he made an uneventful recovery in a short period.

TABLE A

B.C.G. SCHEME—1957

	Number on Roll		Number of Consents		Percentage of Consents	
	Boys	Girls	Boys	Girls	Boys	Girls
Kingston upon Hull	2,173	2,111	1,652	1,531	76.02	72.52
Non-resident	110	56	93	39	84.55	69.64
Total	2,283	2,167	1,745	1,570	76.43	72.45

TABLE B

B.C.G. SCHEME—1957

	Number Tested		Number Positive		*Percentage Positive	
	Boys	Girls	Boys	Girls	Boys	Girls
Kingston upon Hull	1,362	1,318	399	374	29·30	28·38
Non-resident	77	33	26	7	33·77	21·21
Total	1,439	1,351	425	381	29·53	28·20

* Percentage of total number read.

Early 1957 being residue of cases from 1956

<i>No. Tested</i>	<i>No. Positive</i>	<i>Percentage</i>	<i>No. tested but not completed course</i>
		<i>Positive of total number read</i>	
252	51	22·57	28

TABLE C

B.C.G. SCHEME—1957

School	No. on School Roll	No. of Consents	% of Consents	No. Tested and result known	No. Positive	% Positive	No. Negative	No. Vacci- nated	Course not completed
Northumberland Avenue Special	24	21	87.50	5	—	—	5	5	16
Newland C. of E.	23	16	69.57	9	4	44.44	5	5	7
Marist College	59	42	71.19	16	10	62.5	6	6	26
Charterhouse High	83	49	59.04	28	12	42.86	16	16	21
St. Gregory's	28	20	71.43	8	4	50.00	4	4	12
Lincoln Street	14	11	78.57	3	1	33.33	2	2	8
High School for Building	41	34	82.93	27	5	18.52	22	21	8
St. Georges Road	16	6	37.5	5	—	—	5	5	1
Newington High	74	54	72.97	43	11	25.58	32	31	12
Ainhorpe	200	149	74.5	119	16	13.45	103	102	31
Wold Road	3	3	100.00	3	1	33.33	2	2	—
Kingston High	117	81	69.23	55	26	47.27	29	29	26
Eastfield High	104	66	63.46	51	12	23.53	39	39	15
St. Patricks	9	4	44.44	3	1	33.33	2	2	1
St. Charles	25	22	88.00	14	3	21.43	11	11	8
High School for Commerce	59	50	84.75	36	11	30.56	25	25	14
Endike High	103	85	82.52	67	26	38.81	41	41	18
Fifth Avenue	110	78	70.90	59	12	20.34	47	47	19
Newland High	110	82	74.55	71	19	26.76	52	52	11
Cottingham Road Special	24	13	54.17	5	1	20.00	4	4	8
St. Andrew's High	63	45	71.43	40	8	20.00	32	32	5
Westbourne Street	74	47	63.51	44	9	20.45	35	34	4
Maybury High	164	126	76.83	112	33	29.46	79	77	16
Welton High	171	123	71.93	115	22	19.13	93	92	9
Grammar	122	108	88.52	103	41	39.81	62	61	6
Wawne High	51	31	60.78	27	8	29.63	19	19	4
Paisley Street	72	48	66.67	37	9	24.32	28	28	11
Mersey High	113	95	84.07	84	34	40.48	50	50	11
Sir Henry Cooper	33	15	45.45	9	2	22.22	7	7	6
Francis Askew	158	111	70.25	93	18	19.35	75	74	19
East Mount High	72	58	80.56	54	15	27.78	39	38	5

Sutton Deaf	3	3	100-00	3	—	—	3	3	—
Sutton C. of E.	13	9	69-23	8	4	50-00	4	4	1
Southcoates High	71	49	69-01	44	12	27-27	32	31	6
Courtney Street	54	44	81-48	36	7	19-44	29	27	10
Barham High	130	100	76-92	94	26	27-66	68	68	6
Jervis High	33	23	69-70	23	4	17-39	19	19	—
Flinton High	135	116	85-93	110	34	30-91	76	76	6
Alderman Cogan	1	1	100-00	1	1	100-00	—	—	—
Greatfield High	15	13	86-67	10	3	30-00	7	7	3
Buckingham Street	47	39	82-98	34	12	35-29	22	22	5
St. Mary's R.C.	53	41	77-36	36	9	25-00	27	27	5
Craven Street	131	92	70-23	70	22	31-43	48	48	22
Wilberforce High	122	78	63-93	67	22	32-84	45	43	13
Thoresby High	97	72	74-23	71	12	16-90	59	59	1
Park Avenue Special	5	5	100-00	2	—	—	2	1	4
High School for Arts	46	34	73-91	31	6	19-35	25	25	3
Boulevard Secondary	163	124	76-07	113	25	24-27	88	87	12
Riley High	117	97	82-91	90	29	32-22	61	61	7
Hymers	75	66	88-00	61	26	42-62	35	34	6
Fountain Road	80	64	80-00	50	17	34-00	33	32	15
Beverley Road	54	37	68-52	31	18	58-06	13	13	6
Constable Street	73	60	82-19	51	17	33-33	34	34	9
Malet Lambert	122	102	83-61	96	44	45-83	52	52	6
Estcourt High	104	87	83-65	79	24	30-38	55	47	16
St. Vincents	27	20	74-07	15	4	26-67	11	11	5
Pearson High	42	33	78-57	28	7	25-00	21	21	6
Sidmouth High	58	38	65-52	32	13	40-63	19	19	8
Chiltern Street	22	9	40-91	9	1	11-11	8	8	—
St. Wilfred's R.C.	38	28	73-69	24	6	25-00	18	18	4
St. Mary's Grammar	52	39	75-00	35	7	27-27	28	27	5
Pittman's College	1	1	100-00	1	—	—	1	1	—
Chapman Street	28	15	53-57	15	—	—	15	14	1
Clifton Street	34	24	70-59	21	4	19-05	17	16	4
High School for Nautical Training	41	29	70-73	28	8	28-57	20	20	1
Somerset Street	44	30	68-18	26	8	30-77	18	18	4
Totals	4,450	3,315	74-49	2,790	806	28-89	1,984	1,954	555
Less Non-Residents	166	132	79-52	110	33	30-00	77	75	24
Residents of Kingston upon Hull	4,284	3,183	74-30	2,680	773	28-84	1,907	1,879	531

TABLE D

B.C.G. SCHEME—1957

Type of School				Percentage	
				Negative	Positive
Secondary Modern	....	....		1,263	460
Primary	....	....		266	105
Grammar	....	....		264	173
Secondary Technical	....	....		92	30
Voluntary	....	....		82	36
Special	....	....		16	2
Private	....	....		1	—
				1,984	806
					28.89

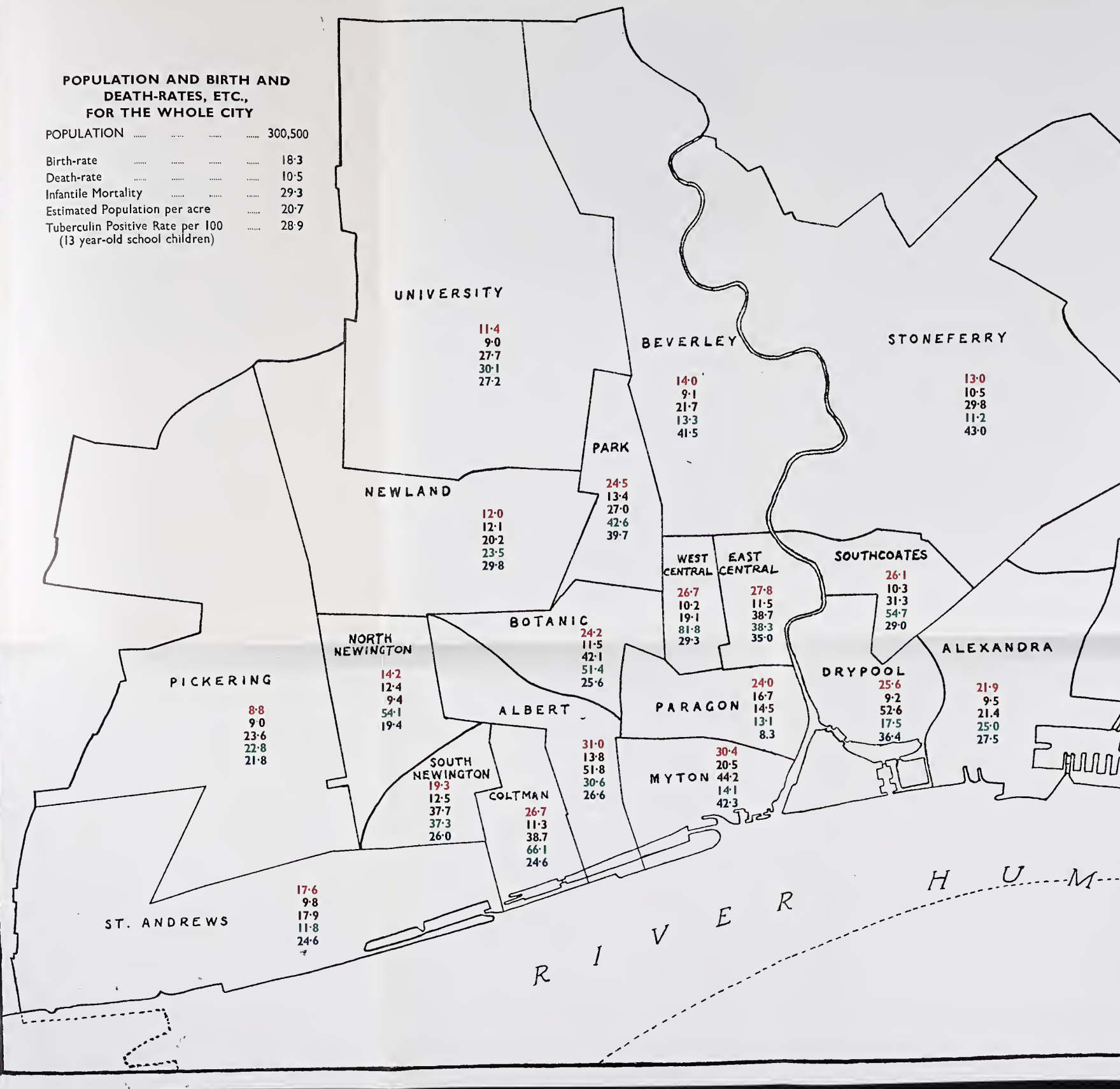
TABLE E

B.C.G. SCHEME—1957

Ward		Total			Percentage
			Negative	Positive	Positive
North Newington	....	108	87	21	19.44
South Newington	....	104	77	27	25.96
Coltman	....	134	101	33	24.63
St. Andrews	....	107	93	14	13.08
Pickering	....	271	212	59	21.77
Albert	....	79	58	21	26.58
Botanic	....	86	64	22	25.58
Park	....	63	38	25	39.68
Newland	....	131	92	39	29.77
University	....	316	230	86	27.22
Myton	....	26	15	11	42.31
Paragon	....	12	11	1	8.33
West Central	....	75	53	22	29.33
East Central	....	40	26	14	35.00
Beverley	....	123	72	51	41.46
Alexandra	....	131	95	36	27.48
Drypool	....	55	35	20	36.36
Southcoates	....	114	81	33	28.95
Stoneferry	....	179	102	77	43.02
Marfleet	....	175	108	67	38.29
Sutton	....	351	257	94	26.78
Non-resident	....	110	77	33	30.00
		2,790	1,984	806	28.89

POPULATION AND BIRTH AND
DEATH-RATES, ETC.,
FOR THE WHOLE CITY

POPULATION	300,500
Birth-rate	.....	18.3
Death-rate	.....	10.5
Infantile Mortality	.....	29.3
Estimated Population per acre	.....	20.7
Tuberculin Positive Rate per 100 (13 year-old school children)	.....	28.9





SCHOOL HEALTH SERVICE

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1957

KINGSTON UPON HULL EDUCATION COMMITTEE

Chairman—

Alderman D. C. LISTER, J.P.

Deputy-Chairman—

Councillor J. G. E. TESKEY-KING.

Schools Services Sub-Committee.

Chairman—

Alderman F. HOLMES.

Deputy-Chairman—

Councillor J. G. E. TESKEY-KING.

Alderman J. LAWSON.

Alderman D. C. LISTER, J.P.

Councillor (Mrs.) E. BEECROFT.

Councillor (Mrs.) C. ELLIS.

Councillor S. FISHER.

Councillor W. HARGREAVES.

Councillor E. KIRKWOOD.

Councillor J. W. SMITH.

Councillor H. WOODFORD

Mr. T. F. BEECROFT.

Mr. F. O. DUNN.

Mr. P. FROW

Rev. R. HAW, D.S.C., M.A., B.C.L.

Mrs. C. L. OATES.

Mrs. O. THOMAS

Mrs. L. WALKER.

Chief Education Officer—

S. W. HOBSON, M.A.

STAFF OF SCHOOL HEALTH SERVICE

at 31st December, 1957

Principal School Medical Officer

ALEXANDER HUTCHISON

Deputy Principal School Medical Officer

JOHN G. CAIRNS, M.B., Ch.B., D.P.H.

Senior Medical Officer (School Health Service)

ALASTAIR M. R. CANN, M.D., M.R.C.S., L.R.C.P., D.C.H.

School Medical Officers

(Combined duties in School Health, Maternity and Child Welfare, and Port Health Services)

JEAN M. BARROWMAN, M.B., Ch.B.

MARGARET M. BELL, M.B., B.Ch., D.P.H., D.C.H.

CHRISTINE N. R. CAMPBELL, M.B., Ch.B.

ELIZA J. CARSON, M.B., B.Ch., B.A.O.

ALLEN V. HOLLINGWORTH, M.B., Ch.B., M.R.C.S., L.R.C.P.

SAMUEL KLINGER, M.D.

FRANCES W. MOYES, M.B., Ch.B.

BRYAN REFFOLD, M.B., B.S.

JOSEPH TONG, L.M.S.S.A., C.P.H.

GEOFFREY R. WALKER, M.B., Ch.B., D.P.H., D.T.M.

KATHLEEN A. WILSON, M.B., Ch.B., B.A.O., L.M., D.P.H.

Specialist Medical Officers (Services provided by Regional Hospital Board)

Cardiologists : J. W. BROWN, M.D., F.R.C.P.

D. C. MUIR, M.D., F.R.C.P.

Ophthalmologist : K. DEAN FOGGITT, M.B., Ch.B., D.O., D.O.M.S.

Orthopaedists : C. R. BERKIN, M.B., F.R.C.S.

R. C. TATHAM, F.R.C.S.

Otologists : E. M. DEARN, M.B., Ch.B., D.L.O.

J. S. MARTIN, M.B., B.Ch., B.A.O., F.R.C.S., D.L.O.

R. R. SIMPSON, M.B., Ch.B., F.R.C.S.

Paediatrician : R. J. PUGH, M.R.C.P., D.C.H.

Psychiatrist : J. MACKAY, M.D., D.P.M.

Principal School Dental Officer

JOHN C. CARR, L.D.S.

Dental Officers

Four Part-time Dental Officers

Dental Hygienist

Mrs. M. TODD

Educational Psychologists

G. F. REED, M.A., A.B.Ps.S.

A. C. SMITH, M.A.

Social Workers (Child Guidance)

Mrs. M. AITKEN, S.R.N.

Mrs. E. D. STRINGER, R.M.N.

Speech Therapists

T. R. FRANCIS, L.C.S.T.

Miss E. A. TARBOTTON, L.C.S.T.

Chiropodists

Three Part-time

Nursing Staff

Superintendent : Mrs. E. T. BASS, S.R.N., S.C.M., H.V.

Nurses : Nineteen

Physiotherapists

Superintendent : Miss M. R. K. JARRATT, M.C.S.P.

One Part-time Physiotherapist

Dental Attendants : Four

Cleanliness Visitors : Two

Clerical Staff

Senior Clerk : R. LAZENBY, D.P.A.

Clerks : Seventeen

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*To the Chairman and Members
of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report upon the work of the School Health Service in the City and County of Kingston upon Hull for the year ended 31st December, 1957.

This year is the Golden Jubilee of the inauguration of this Service in the City and I have the greatest pleasure in warmly recommending to all readers of this report the excellent story of the history of the School Health Service in Kingston upon Hull which has been so ably written by Dr. Cann. It is indeed a most interesting document and one which well repays the reader for the time taken in reading it and which I am sure he will read again and again.

During the year steady progress has been maintained. A teacher of the deaf has been appointed to work whole-time in the clinics and in the homes of pre-school deaf children. It is anticipated that this officer will commence duty in the early part of the New Year.

The Saturday morning lip-reading classes commenced on the 9th March and have been a noted success.

The shortage of school dental officers continues, but despite this Mr. Carr, the Principal School Dental Officer, has undertaken to give dental care and treatment to the boys attending Aldwark Manor, and this he does in a surgery at York loaned to him by the York Education Committee.

During the year an enquiry from the Association of Municipal Corporations was dealt with by the Education Committee. This enquiry was to ascertain the Committee's views on whether ineducable children should come within the care of the Education Committee, but after due consideration the Committee did not recommend any departure from the present allocation of responsibility.

The provision of a school for physically handicapped children was discussed with the Ministry of Education who indicated that unless unforeseen circumstances arose the Authority might expect to be able to commence building this new school on and after 1st April, 1959. This will indeed be a most welcome addition to the Education Authority's premises.

Mr. S. Clayton, Head Master of the Park Avenue Special School, retired during the year. He had been Head Master there since 1946 and had served in all 46 years with the Authority. He was succeeded in September by Mr. G. R. Hammonds.

Dr. B. Reffold, one of the Assistant Medical Officers, was granted leave of absence on two days per week during University term time to attend a part-time course for the D.P.H. at Leeds University. This is a new and welcome innovation and is very much appreciated by myself and by the officer concerned.

Preliminary steps were taken to replace the Central School Clinic, the Sykes Street Clinic, and the Fountain Road Clinic, by a new combined Maternity and Child Welfare/School Clinic which it is suggested should be built somewhere in the centre of the City. The proposal was approved in principle by the Education Committee and the City Architect was authorised to prepare sketch plans for such a clinic. The old Central School Clinic has done yeoman service in the past but it is felt that it is time now that it was replaced by a new, modern, up-to-date clinic nearer the centre of the City.

The Committee considered a letter from the Leeds Regional Hospital Board dealing with the ophthalmological services and suggesting that some alteration should be made in the provision of consultant services for the School Health Service. The Committee did not find the Board's proposals acceptable and agreed to meet the Board on this matter.

During the year visits to various Clinics and special schools were made by Sister Tutors, Student Health Visitors, students from Training Colleges, candidates for the Diploma in Child Health, etc., and the Department continued to co-operate in the National Survey of Health and Development of Children. In October, during a visit by German Education Officers, Dr. Cann took the opportunity of taking them to Park Avenue Special School where they were greatly impressed by the work carried out.

It is with regret that I have to record the death of Mr. J. S. Maxwell, the Orthopaedic Surgeon, who since April 1950 had done excellent work in the School Health clinics. He died as the result of a car accident in September. His services will be greatly missed.

The Department has continued to work in a most harmonious fashion and their enthusiasm knows no bounds. Co-operation between the School Health Service and the Health Department of the Corporation increases year by year, all of which is beneficial to the children cared for by the Department. The Chairman and members of the Education Committee and the Schools Services Subcommittee continue to maintain their keen interest in the School Health Service which is most encouraging to all the staff concerned. Mr. Hobson, the Chief Education Officer, has, as always, been most ready to discuss problems arising within the Service. His help has been invaluable. Dr. Cann continues to be a tower of strength in the Service.

I have the honour to be,

Your obedient Servant,

ALEXANDER HUTCHISON,

Principal School Medical Officer.

Health Department,
Guildhall, Kingston upon Hull.
February, 1958.

CITY OF KINGSTON UPON HULL

GENERAL STATISTICAL INFORMATION

	1957	1956
Population (estimated)	300,500	300,200
Maintained Primary and Secondary Schools—		
Number of Schools	93*	93
Number of Departments	171*	169
Number on Rolls	54,709*	54,124
Maintained Special Schools—(included in totals above)—		
Number of Schools	6*	6
Number on Rolls	604*	612
* As at 18th January, 1957		
Cost of School Health Service—	1956-57	1955-56
Total Cost	£59,120	£49,955
Government Grant	£37,246	£31,120
Cost to Rates	£21,874	£18,835
Cost in terms of a Penny Rate	†1.65d	†2.2d.

†These figures are not comparable in view of the revaluation of properties with effect from 1st April, 1956.

SUMMARY OF WORK

	1957	1956
A. Medical Officers at Schools, etc.—		
Periodic inspections at Primary, Secondary and Special Schools	13,267	13,875
Special inspections at Primary, Secondary and Special Schools	211	191
Re-inspections at Primary, Secondary and Special Schools	2,387	2,616
Inspections at Occupation Centre	30	15
B. Medical Officers and Specialists at Clinics—		
Inspections at Clinics	8,701	9,455
Re-inspections at Clinics	13,748	14,359
Inspections under Employment of Children Bye-laws	1,066	1,003
Miscellaneous	447	457
C. Dental Officers—		
Inspections at Schools	2,307	6,915
Inspections at Clinics	4,478	5,207
Attendances for treatment	11,332	14,906
D. Nurses, Dental Hygienist and Medical Auxiliaries—		
Visits to Schools	5,016	4,732
Examinations (including cleanliness inspections) in Schools	213,626	215,317
Visits to homes	20,078	22,835
Treatments of minor ailments in Clinics	69,497	73,060
Treatments of minor ailments at Special Schools	11,298	9,043
Treatments of orthopaedic defects in Clinics	493	441
Treatments of orthopaedic defects at Special Schools	2,154	1,910
Inspections of Speech Defects in Clinics	591	500
Treatments of Speech Defects in Clinics	2,713	2,285
Treatments of Speech Defects at Special Schools	353	338
Treatments by Chiropodists	3,192	4,124
Treatments by Dental Hygienist	1,740	292
E. School Clinics—		
Grand total of inspections and treatments as detailed above	117,998	126,089

I. STAFF

Details of the staff employed in the School Health Service on the 31st December, 1957, are to be found on page 161.

The number of sessions devoted by medical officers to work in the School Health Service was the equivalent of the service of approximately 5.5 whole-time school medical officers throughout the year.

The number of dental staff throughout the year was equal on average to 2.7 whole-time dental officers. One whole-time dental officer resigned during the year but this loss was offset by the appointment of a part-time dental officer and the resumption of duty after a long illness of another part-time dental officer.

The following staff commenced duty :

<i>Name</i>	<i>Designation</i>	<i>Date</i>
Miss P. Wilson	Clerk	7th January
Dr. J. G. Cairns	Deputy P.S.M.O.	4th March
Dr. B. Reffold	Medical Officer	4th March
Mr. R. Lazenby	Senior Clerk**	1st May
Miss P. Hornby	Clerk	1st May
Miss V. Hardey	School Nurse ^o	1st July
Dr. A. V. Hollingworth	Medical Officer	16th September
Mr. R. G. Cowley	Dental Officer*	21st October
Mrs. M. H. Johnson	School Nurse	28th October
Miss B. Knights	School Nurse	1st November
Mrs. M. Nichols	School Nurse	14th November

The following staff ceased duty :

<i>Name</i>	<i>Designation</i>	<i>Date</i>
Dr. C. Tynan	Medical Officer	31st January
Dr. R. G. Davies	Deputy P.S.M.O.	28th February
Mrs. P. M. Whitehead	Clerk	30th April
Miss P. Wilson	Clerk	2nd May
Mrs. W. G. Starkey	School Nurse	31st May
Mrs. I. Pickford	School Nurse	30th June
Dr. I. M. McCullough	Medical Officer	18th August
Mr. A. W. Brown	Dental Officer*	26th August
Mrs. J. A. Bott	Dental Attendant	31st August
Miss M. L. Wheeldon	School Nurse	18th September
Mr. L. B. Wilson	Dental Officer	31st October
Miss J. Horth	Chiropodist*	16th December
Mrs. O. Smith	School Nurse	31st December

* Part-time

^o Resumed after Leave of absence

** Resumed after temporary secondment

Courses

The following members of the staff attended courses or conferences during the year :

- Dr. A. M. R. Cann : Course on the diagnosis and teaching of the pre-school deaf child organised by Manchester University.
 Refresher course for Senior Medical Officers at Newcastle.
 Conference of the Special Schools' Association at Reading.
- Dr. G. R. Walker : Refresher course for School Medical Officers at Bristol.
- Dr. K. A. Wilson : Course on E.S.N. children and mental defectives at London.
- Mr. J. C. Carr : Refresher course on preventive dentistry for Dental Officers at London.

II. CO-ORDINATION

The scheme providing for the interavailability of clinic services between various sections of the Corporation's Health Services continued throughout the year. A summary of the work carried out under this scheme is given in the following two tables and references to the interavailability scheme appear in various tables in the report.

Very satisfactory co-operation exists with the hospitals. Reports and information are exchanged when necessary. All recommendations for admission to hospital made by consultants at school clinics are notified to the respective Admission Officers who deal with them without requiring the children to be seen unnecessarily at the hospital out-patient clinics.

Services provided by the School Health Service

SERVICE	HEALTH COMMITTEE						Children's Committee		Totals	
	Children under 5 years		Nursing and Expectant Mothers		Ineducable Children					
	New Cases	Attend.	New Cases	Attend.	New Cases	Attend.	New Cases	Attend.	New Cases	Attend.
Minor Ailments Inspections	330	489	—	—	5	7	—	—	335	496
Minor Ailments Treatment	604	2047	—	—	7	34	—	—	611	2081
*Dental Treatment including Dental Hygiene	265	387	282	812	4	4	38	39	589	1242
Orthopaedic Clinic Inspections	3	5	—	—	—	—	—	—	3	5
Orthopaedic Clinic Treatments	1	9	—	—	—	—	—	—	1	9
Ophthalmic Clinic	105	304	—	—	—	1	—	—	105	305
Aural Clinic	33	51	—	—	1	1	—	—	34	52
Rheumatism and Heart Clinic	1	1	—	—	—	—	1	—	1	1
Chiropody Clinics	7	8	—	—	—	3	—	—	7	11
Speech Therapy Inspections	—	—	—	—	—	1	—	—	—	1
Speech Therapy Clinic Treatments	—	6	—	—	—	17	—	—	—	23
Cerebral Palsy Clinic Inspections	3	15	—	—	—	1	—	—	3	16
Cerebral Palsy Treatment	5	298	—	—	—	22	—	—	5	320
Child Guidance Clinic	2	21	—	—	—	—	—	—	2	21

* The figures for "New Cases" for dental work represent the total numbers of individuals treated during the year whether new cases or not.

Services provided for the School Health Service

Service	Cases	Attendances
Artificial Light Treatment :—		
(a) At West Hull Clinic (M. & C.W.)	58	709
(b) At East Hull Combined Clinic	69	961
(c) At North Hull Combined Clinic	65	993
(d) At Sykes Street Clinic (M. & C.W.)	345	593
Orthopaedic Clinic (East Hull)—Inspections	3	23
Do. do. —Treatments	14	351
X-Ray Examinations	133	135

III. MEDICAL INSPECTION

Figures relating to inspection at maintained schools are to be found in Statistical Tables I and III at the end of this report.

In addition, 75 individual inspections were carried out at Hymers College (direct grant secondary school) and 30 at the Local Health Authority's Occupation Centre.

Approximately 600 fewer inspections were conducted in schools in 1957 than in 1956 and medical inspection was approximately one term behind at the end of the year. This is mainly due to the extra work arising out of the B.C.G. vaccination scheme.

IV. FINDINGS AT MEDICAL INSPECTIONS

Statistics relating to various defects are printed in Statistical Tables IC, IIIA and IIIB at the end of this report. Most of the "Special Inspections" were carried out at the clinics.

Uncleanliness

The Authority's scheme for the examination and cleansing of infested pupils embodies the requirements of Section 54 of the Education Act, 1944. Statistics are printed in Table II at the end of this report.

The number of individual children found in an unclean condition in 1957 was 4,703 as compared with 5,815 in 1956 and 6,137 in 1955; the percentage was 8.6 in 1957, compared with 10.7 in 1956 and 11.5 in 1955.

Cleanliness inspections in schools—Total 179,330.

Findings	Individual Children	Percentage of School Roll
Nits present, but no vermin seen	4386	8.0
Vermin present	198	0.4
Dirty but no nits or vermin	119	0.2
Total	4703	8.6

During this year, as has been the case since 1953, it has not been found necessary to take any parent to Court in order to enforce cleanliness. In every case the school nurse has succeeded ultimately in securing cleanliness by persuasive means. It must not be forgotten that this involves a great deal of trouble and tact on the part of a nurse and considerable praise is due to our staff for having succeeded in this way.

Tuberculosis

No children attending the Chest Clinics during the year were referred by the School Health Service.

A considerable number of children were referred for chest X-ray at the East Hull Clinic, but, being found to be free from tuberculosis, they were further dealt with at the Pædiatric Clinic.

Visual Defects

In addition to the medical officers' inspections, the school nurses made 70 visits to schools during the year to carry out vision surveys of pupils aged 7 years. 4,855 pupils were inspected, of whom 365 were referred direct to the ophthalmic consultant. 319 of these pupils were inspected by the consultant and glasses were prescribed in 193 cases.

Foot Defects

The chiropodists paid 31 visits to schools and inspected 5,178 pupils of whom 537 were referred for treatment by the chiropodists at the clinics and 12 were referred for further medical opinion.

Tonsillectomy

In connection with an enquiry into the frequency with which tonsils are removed in the areas of various Local Education Authorities, School Medical Officers made special note at all routine inspections of whether the tonsils were still present or not.

The following table is of interest :

	Entrants		Intermediates		Leavers		Additional Periodics		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
No. of children inspected	2314	2135	2344	2171	1872	1776	334	246	13192
No. found to have had tonsillectomy	242	237	767	702	552	585	63	43	3191
Percentage	10.46%	11.1%	32.72%	32.34%	29.49%	32.94%	18.86%	17.48%	24.19%

V.—HOME VISITS

The number of visits paid to homes in connection with preparation for medical inspection, follow-up of children with defects, the cleanliness scheme, problem cases, etc., was 20,078.

VI.—ARRANGEMENTS FOR TREATMENT

Summaries of the inspection and treatment work done in the school clinics are printed in the tables on pages 173 and 174.

In addition treatment continued to be carried out at the following day special schools :

Park Avenue (P.H.) School : minor ailments, two sessions ; physiotherapy, eleven sessions ; speech therapy, four sessions per week.

Northumberland Avenue (E.S.N.) School : minor ailments, three sessions per week.

Cottingham Road (Open Air) School : minor ailments, ten sessions.

Ringworm : An arrangement exists with Hull Royal Infirmary for prompt examination and treatment in all cases.

Location and Times of School Clinics

Inspection Clinics—	74 Beverley Road	Monday, Wednesday and Thursday, 1.45 p.m. to 5 p.m.
	114 Coltman Street	Monday, Wednesday and Thursday, 1.45 p.m. to 5 p.m.
	Morrill Street	Tuesday and Friday, 1.45 p.m. to 5 p.m.
	Ellerburn Avenue	Tuesday and Friday, 1.45 p.m. to 5 p.m.
	Ainthorpe Grove School	Alternate Wednesdays, 1.45 p.m. to 4 p.m.
	Hopewell Road School	Alternate Wednesdays, 1.45 p.m. to 4 p.m.
Minor Ailments Treatment Clinics—	74 Beverley Road	Monday to Friday, 9 a.m. to 12 noon and 1.45 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
	114 Coltman Street	Do. do. do.
	Morrill Street	Do. do. do.
	Ellerburn Avenue	Monday to Friday, 1.45 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon
	Ainthorpe Grove School	Monday to Friday, 1.45 p.m. to 4 p.m.
	Hopewell Road School	Do. do.
Dental Clinics—	74 Beverley Road	Monday to Saturday at various centres, as arranged
	114 Coltman Street	
	Morrill Street	
	Ellerburn Avenue	
Ophthalmic Clinics—	74 Beverley Road	Monday, Tuesday, Thursday (2 p.m. to 5 p.m.). Friday and Saturday at various centres, as arranged
	114 Coltman Street	
	Morrill Street	
	Ellerburn Avenue	
Aural Clinics—	74 Beverley Road	As arranged
	114 Coltman Street	Tuesday, 2-30 p.m. to 4 p.m. as arranged
	Morrill Street	Tuesday, 10 a.m. to 12 noon, as arranged
	Ellerburn Avenue	Tuesday, 10 a.m. to 12 noon, as arranged
Orthopædic Clinics—	74 Beverley Road	Tuesday, 1.30 p.m. to 4 p.m.
	Ellerburn Avenue	Inspections by Orthopædic Surgeons, as arranged Inspections by Orthopædic Surgeons, as arranged

Cerebral Palsy Clinic—	Park Avenue Special School	Inspections by Paediatrician, as arranged
Rheumatism and Heart Clinics—	74 Beverley Road and Morrill Street	Thursday, 2 p.m. to 5 p.m., as arranged
Paediatric Clinics—	74 Beverley Road and Morrill Street	{ Monday, 9.45 a.m. to 10.45 a.m. as arranged Friday, 2 p.m. to 4 p.m., as arranged
Child Guidance Clinic—	Kingston College, 48a Beverley Road	{ Monday to Friday, 2 p.m. to 5 p.m. Thursday, 9.0 a.m. to 12.30 p.m.
Speech Therapy Clinics—	74 Beverley Road	{ Monday, Tuesday, Wednesday, Friday and Saturday, 9 a.m. to 12 noon. Monday, Tuesday, Wednesday and Friday, 1.30 p.m. to 4.30 p.m.
	Kingston College, 48a Beverley Road	Monday, Tuesday and Wednesday, 1.30 p.m. to 4.30 p.m.; Thursday, 9 a.m. to 12 noon.
Chiropody Clinics—	74 Beverley Road	Wednesday and Thursday, 9 a.m. to 12 noon
	Morrill Street	Wednesday and Thursday, 9 a.m. to 12 noon
	114 Coltman Street	Monday, 9 a.m. to 12 noon
	Ellerburn Avenue	Tuesday, 9 a.m. to 12 noon

WORK DONE IN SCHOOL CLINICS

Work Undertaken	Central Clinic		West Hull Clinic		East Hull Clinic		North Hull Clinic		Ainthorpe Grove Clinic		Hopedwell Road Clinic		Kingston College Clinic		Summary						
	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	School Cases		Non-School Cases		All Cases		
															New Cases	Total Attend.	New Cases	Total Attend.			
Inspection Work :— 1. Minor Ailments and General 2. Orthopaedic 3. Ophthalmic 4. Aural 5. Rheumatism and Heart 6. Paediatric 7. Educational 8. Subnormality 9. Child Guidance 10. Speech Therapy 11. Employment Cases 12. Miscellaneous	1927 12 397 227 69 149 74 — 147 213 280	3231 41 1429 371 86 357 163 — 445 213 282	3189 434 212 — — — 48 — — 283 123	4292 1480 282 — — — 105 — — 283 124	1492 411 277 — 71 152 15 — — 253 28	1976 1384 295 — — — 40 — — 253 28	1250 57 75 — — — 15 — — 160 11	2122 208 76 — — — 32 — — 160 11	244 — — — — — — — 63 —	297 — — — — — — — 63 —	301 — — — — — — — 94 2	397 — — — — — — — 94 2	— — — — — — — — — —	— — — — — — — — — —	8068 9 1194 757 68 220 152 125 179 1066 50	11819 36 4196 972 85 509 340 125 590 1066 50	335 3 105 34 1 — — 2 — 394 —	496 5 305 52 1 — — 2 1 397 —	8403 12 1299 791 69 220 152 127 179 1066 444	12315 41 4501 1024 86 509 340 127 591 1066 447	
Treatment Work :— 1. Minor Ailments (including aurals) 2. *Dental including Dental Hygiene 3. Orthopaedic 4. Child Guidance 5. Speech Therapy 6. Chiroprody	2392 2120 45 50 849	14671 5707 493 2113 1272	4093 1194 — — 163	23887 2449 — — 450	1909 1553 — — 249	9234 2654 — — 807	1351 927 — — 462	8893 2201 — — 663	2142 — — — —	5386 — — — —	1746 — — — —	7426 — — — —	— — 127 8 —	— — 3605 600 —	13022 5205 44 125 58 1716	67416 11769 484 3584 2690 3181	611 589 1 2 — 7	2081 1242 9 21 23 11	13633 5794 45 127 58 1723	69497 13011 493 3605 2713 3192	
Cerebral Palsy Out-Patient Clinic at Park Avenue (P.H.) School :																	32	3	16	3	48
																	—	5	320	5	320

* N.B.—The figures for "New Cases" for dental work represent the total number of individuals treated during the year, whether new cases or not.

School Clinics, 1954-57

Number of Cases (including Non-School Cases)

Work Undertaken	1954	1955	1956	1957
Minor Ailments—Inspection Clinics (new cases) :				
1. Minor Ailments treated	15534	14762	14090	13633
2. Defects inspected	10243	10372	9073	8403
3. Employment Cases	930	964	1003	1066
4. Miscellaneous Inspections	480	423	451	444
Refraction Clinics (new cases)	4298	1921	1432	1299
Dental Clinics—Treatment only (including Dental Hygienist)	6198	7230	6794	5794
Orthopaedic Clinics (new cases)	87	29	31	12
Aural Clinic Inspections (new cases)	1195	1322	1059	791
Rheumatism and Heart Clinics (new cases)	100	71	42	69
Paediatric Clinics (new cases)	211	235	216	220
Formal Examinations for Educational Subnormality	153	159	179	152
Child Guidance (new cases)	100	103	129	127
Speech Therapy :				
1. Cases inspected (new cases)	125	116	139	179
2. Cases treated (new cases)	59	53	55	58
Chiropody (new cases)	1734	1956	1882	1723
Cerebral Palsy (new cases)	9	17	2	3

Notes on various clinic activities are given below :

(a) Minor Ailments

There was a slight decrease in the total number of cases treated during the year compared with 1956. The number of cases of ringworm of the scalp was 3; this showed a decrease of 1 compared with 1956. The number of cases of ringworm of the body decreased from 40 in 1956 to 18 in 1957. 112 cases of scabies, which is 28 more than in the previous year, were treated during the year. The number of cases of impetigo decreased from 827 in 1956 to 717 in 1957.

(b) Visual Defects

A summary of the work done at the Ophthalmic Clinics is given in the table below.

Ophthalmic Clinics

	New Cases	Attendances	Glasses Prescribed
Maintained School Pupils	1192	4184	2654
Hymers College Pupils	2	12	9
Children under 5 years	105	304	86
Occupation Centre children	—	1	—
Totals	1299	4501	2749

The table below refers to conditions found at the ophthalmic clinic for the first time during 1957. A few patients had more than one condition.

Summary of Conditions Found

Condition	Number of Examples
Small refractive error—glasses not advised	236
Small refractive error—glasses advised	200
Moderately severe refractive error (excluding Myopia)	212
Severe refractive errors (excluding Myopia)	—
Myopia, over 1D	179
Myopia (severe)	4
Squint	135
Conjunctivitis	60
Blepharitis	11
Keratitis and Ulcer	2
Nystagmus	4
Optic Atrophy	1
Uveitis	2
Cysts, Styes, etc.	4
Injuries and Foreign Bodies	2
Hysterical Conditions	4
Miscellaneous or Unclassified	14
Epicanthus	29
Total	1099

The Ophthalmic Surgeon carried out operations on 65 school children at hospitals during the year. Most of these were for the correction of squint. Artificial eyes were prescribed in four cases. The arrangements of the Hospital Eye Service for the dispensing, replacement and repair of glasses were continued throughout the year. The dispensing opticians of the No. 4 Hull (A) Group Hospital Management Committee continued to attend at the school clinics when the Consultant Ophthalmic Surgeon was present in order to make measurements and fit glasses for children whose parents had chosen to have glasses supplied through the Hospital Eye Service.

92 school children and 14 pre-school children were referred to the Orthoptic Clinic held by No. 4 Hull (A) Group Hospital Management Committee.

(c) **Ear, Nose and Throat Defects**

A summary of the defects found in school children investigated at the Aural Clinics is given in the table below.

Aural Clinics

Disease	New Cases	Attendances	Operation Required
Otitis Media	25	31	10
Congenital Deafness	5	47	4
Other Ear Defects	96	247	12
Chronic Tonsillitis and Adenoids.....	362	373	401
Chronic Tonsillitis only	32	38	18
Adenoids only	3	5	4
Other Nose and Throat Defects	235	273	121
Total	758	1014*	570

* Includes 41 pupils seen by the Otologist at the Sutton (Deaf) School.

Operations were carried out at various hospitals, the hospital admissions officers concerned having been informed direct by the School Health Service of the surgeon's recommendations.

During the year individual hearing aids were provided through the National Health Service for 7 pupils attending the School for the Deaf, 6 partially deaf pupils attending ordinary schools, and 1 pre-school child.

(d) **Orthopædic and Postural Defects**

Summaries of the work carried out at the Orthopædic Clinics are given in the tables below. No whole-time physiotherapist was available at the Central and North Hull School Clinics, the work being carried out as far as practicable by a physiotherapist employed primarily at the School for Physically Handicapped. Unfortunately this has meant that only the more serious cases could have regular physiotherapy.

Central and North Hull Orthopædic Clinics

(A) *Inspections and Re-inspections by Orthopædic Surgeons*

Type of Case	School Cases		M. & C.W. Cases		Ineducable Children	
	New Cases	Attend.	New Cases	Attend.	New Cases	Attend.
Spinal Curvature	—	4	—	—	—	—
Poliomyelitis	2	6	—	—	—	—
Cerebral Palsy—						
(a) Spastic	—	7	—	—	—	—
(b) Athetoid	—	—	—	—	—	—
(c) Ataxic	—	—	—	—	—	—
Osteochondritis	1	1	—	—	—	—
Fractures and Injuries	—	—	—	—	—	—
Rickets	—	—	—	—	—	—
Tuberculosis (bone)	—	1	—	—	—	—
Birth paralysis	—	—	—	—	—	—
Flat Feet	—	—	—	—	—	—
Valgus ankles	—	1	—	1	—	—
Other forms	6	16	3	4	—	—
	9	36	3	5	—	—

Total new cases—12. Total attendances for inspection—41.

(B) Treatment

Form of Treatment	Attendances
Massage	—
Electrical	—
Remedial Exercises	484
Other	—
Total	484

A part-time physiotherapist appointed by the Health Committee is employed at the East Hull Orthopaedic Clinic, which is situated in the Maternity and Child Welfare Section of the clinic premises.

East Hull Orthopaedic Clinic (School Cases only)*(A) Inspections and Re-inspections by Orthopaedic Surgeons*

Type of Case	New Cases	Attendances
Spinal Curvature	—	2
Poliomyelitis	—	5
Cerebral Palsy —		
(a) Spastic	—	4
(b) Athetoid	—	—
(c) Ataxic	—	—
Osteochondritis	—	1
Fractures and Injuries	—	1
Rickets	—	—
Tuberculosis (bone)—		
(a) Spine	—	—
(b) Other Bones and Joints	—	—
Birth paralysis	—	2
Flat Feet	—	—
Valgus ankles	—	1
Other forms	3	7
Total	3	23

(B) Treatment

Form of Treatment	Attendances
Massage	—
Remedial Exercises	351
Other	—
Total	351

Orthopaedic appliances prescribed by the surgeons at the clinics were supplied by the Regional Hospital Board.

(e) Heart Disease and Rheumatism

This Clinic continued its work in conjunction with the Cardiac Unit established by the Regional Hospital Board at the Kingston General Hospital. Details of the work at the clinic are given below. The work at the clinic represents that of a provisional sorting centre, so that the attendances there are few. The supervision of cases found to have organic heart disease is carried out at the hospital at the wish of the cardiologist.

Condition	School Cases		Children under 5 years		Ineducable Children		Totals	
	Cases	Attend.	Cases	Attend.	Cases	Attend.	Cases	Attend.
1. Rheumatic Pains or Arthritis—	—	—	—	—	—	—	—	—
(a) with heart affection	3	8	—	—	—	—	3	8
(b) without heart affection	—	—	—	—	—	—	—	—
2. Rheumatic Chorea—	—	—	—	—	—	—	—	—
(a) with heart affection	—	—	—	—	—	—	—	—
(b) without heart affection	—	—	—	—	—	—	—	—
3. Rheumatic Carditis without (1) or (2) above	—	—	—	—	—	—	—	—
4. Congenital Heart Disease	7	12	—	—	—	—	7	12
5. Functional Heart Disorder	20	27	1	1	—	—	21	28
6. No Rheumatism or Heart Disease or Disorder	38	38	—	—	—	—	38	38
Totals	68	85	1	1	—	—	69	86

(f) Treatment by Artificial Light

This treatment is given at Maternity and Child Welfare Clinics ; 237 pupils were treated during the year.

(g) Pædiatric Clinic

The number of new cases seen during the year was 220 and the total attendances were 509.

The table printed below shows the diseases or defects apparent in the cases attending.

Defects	New Cases	Total Attendances
Nutritional Disorders	3	6
Skin	6	6
Eyes—(a) Vision	—	—
(b) Squint	—	—
(c) Other	—	—
Nose or Throat	32	52
Speech	1	2
Lymphatic Glands	2	4
Heart	2	5
Blood Diseases	2	3
Lungs—		
(a) Asthma	11	34
Asthma and Rheumatism	—	2
Asthma and Other Allergic Conditions	4	20
(b) Bronchitis	8	58
(c) T.B.	1	10
(d) Other	—	1
Renal	2	4
Tuberculosis, non-pulmonary	1	3
Abdomen	4	15
Rheumatism	4	11
Developmental—		
(a) Hernia	—	—
(b) Other	24	54
Orthopaedic—		
(a) Posture	—	—
(b) Other	1	1
Nervous System—		
(a) Epilepsy	5	24
(b) Other	16	36
Psychological—		
(a) Development	—	1
(b) Stability	38	91
No Organic Disease Detected	53	66
Totals	220	509

(h) Dental Treatment

Report by MR. J. C. CARR, *Principal School Dental Officer*

I am sorry to have to report a further depletion in our effective strength resulting from the departure of Mr. Wilson into the service of a neighbouring authority. Mr. Wilson took up residence some considerable distance from the city, on the occasion of his recent marriage, and decided to work in his new locality. It was an understandable decision, but one which we very much regret. Mr. Wilson has given a considerable length of service to the children of his native city and he is missed by many of them.

This now leaves me as the sole remaining dental officer ; but, of course, I am receiving invaluable help from several part-time dental officers. The effective strength of dental officers at the year ending was 2.7.

Mr. Brown terminated his part-time appointment during the year, as he had not been in good health, and to him I extend my warm thanks for his assistance and my best wishes for his improved health. Mrs. Coates has rejoined us after a period on the sick list and Mr. Roger Cowley, after qualifying recently, has joined our ranks as a part-time officer.

As I am frequently asked what is being done to recruit further staff and what prospects there are of securing this addition, it would seem appropriate for me to review the situation. Within the department all possible steps are taken to recruit dental officers ; advertisements are appearing at regular intervals and first class working conditions have been provided. No replies are received to our advertisements and under the present circumstances it is not possible to progress further.

There is a shortage of dentists nationally and it is anticipated that over the next ten years the numbers on the dental register will fall very considerably. The numbers of those expected to qualify cannot replace those of anticipated retirements. If the principle of 'priority classes' is to be recognised and the responsibility of providing dental care for them is to be accepted, it would seem reasonable, and in my view possible, to secure the manpower to deal with the situation. Sufficient financial inducement for the newly qualified dental surgeon to enter the service should be offered. This should be, if not better, at least comparable with that in other branches of dentistry. This principle is accepted by the British Dental Association and is the basis of a recommendation in their 'Memorandum to the Royal Commission on the Remuneration of National Service Doctors and Dentists,' published in December, 1957.

It is the case that vast numbers of our children are receiving no dental treatment, other than emergency treatment, throughout their school lives.

I am pleased to report that the difficulty which was being experienced in providing treatment for the boys at Aldwark Manor Special School has been partly resolved by my going over to York and carrying out treatment, at intervals, in one of the York Education Authority's clinics.

The interavailability scheme for the Maternity and Child Welfare Service has continued as before and the evening dental sessions which were instituted as a temporary measure, to help with the emergency, have been continued.

As will be seen from the published tables the orthodontic service has flourished. It could be suggested that in view of the shortage of staff this service cannot be justified ; but I should be very reluctant, indeed, to abandon it. The increase in service which could be given in other directions would be so small in relation to the whole problem that I consider the continuance of the orthodontic service to be well worth-while. The esteem in which the School Dental Service is held by those benefiting from the orthodontic service is invaluable. The quality of our foundation will pay great dividends in the quality of our structure should the time come, which I trust it will, to rebuild our School Dental Service.

Mrs. Todd, our Dental Hygienist, is continuing with her excellent work and is gathering quite an enthusiastic following. Visits have been made to schools together with cleanliness visitors, where Mrs. Todd reports that she is received with considerable enthusiasm and that there are distinct signs of increased awareness of oral hygiene. It is regrettable that it is not possible always to follow this up with offers of conservative treatment but at least a desire for better things is being stimulated and may bear fruit.

The following tables and Statistical Table V at the end of the report summarise the work carried out at the dental clinics :

Dental Treatment

	1956		1957	
	School-children	All Cases	School-children	All Cases
(a) by Dental Officers—				
Cases	6055	6632	4440	4875
Attendances.....	13403	14906	10400	11332
Fillings	3366	3570	2966	3069
Extractions	11582	14903	9660	12804
Other Operations	4902	5495	3888	4101
(including Radiography)				
Administration of General Anaesthetics	2024	2354	1499	1823
(b) by Dental Hygienist —				
Cases	126	162	849	968
Attendances.....	216	292	1465	1740
Scaling and Gum Treatment	115	186	896	1135
Polishing and Oral Hygiene	210	281	1431	1694

Dental Treatment of Non-School Cases

	HEALTH COMMITTEE			*Children's Committee
	Children under 5 years	Expectant and Nursing Mothers	Ineducable Children	
(a) By Dental Officers—				
Cases	264	164	4	3
Attendances	384	540	4	4
Extractions—				
(1) Temporary Teeth	728	—	8	—
(2) Permanent Teeth	—	2401	6	1
Fillings—				
(1) Temporary Teeth	1	—	—	—
(2) Permanent Teeth	—	102	—	—
Other Operations	26	186	—	1
(including Radiography)				
Administration of General Anaesthetics	161	161	2	—
(b) By Dental Hygienist—				
Cases	1	118	—	—
Attendances	3	272	—	—
Scaling and Gum Treatment	3	236	—	—
Polishing and Oral Hygiene	2	261	—	—

* In addition 35 children of school age were inspected on admission to the Children's Homes or on being hoarded out.

(j) Child Guidance

Report by Dr. J. Mackay, Consultant Psychiatrist.

STAFF

There has been no staff change during 1957.

ACCOMMODATION

Alterations including installation of heating and relaying of the floor are being made in the aggression room. This will permit it to be used all the year round and will ease the problem of space for group therapy.

HISTORICAL

It will be ten years at the end of March, 1958, since the Child Guidance Clinic was inaugurated at the former School Health Service Offices at New Cross Street. For over a year all the work was tackled single-handed by the Psychiatrist and in 1948-49 over 70 children were examined and treated. The waiting list at that time lay between 150 and 200. Now with a staff of five and with commodious and up-to-date premises at Kingston College which were taken over in 1953, the waiting numbers have been ploughed through, so that at the present time there is virtually no list. During the decade over a thousand children have been treated. This total is increased by over two hundred if children referred by the Juvenile Court are included.

The service is now well known to the general medical practitioners, hospital consultants and the various health and social organisations throughout the city.

CLINICAL

During the year play therapy has been extended. Mr. Smith and Mrs. Stringer have organised and maintained two play groups on Monday and Tuesday afternoons. Interviews with parents have been a continuing feature of the clinic work and it is becoming more and more evident that therapy directed towards the parent rather than the child is in quite a considerable proportion of instances appropriate and effective.

Remedial teaching has been continued and the psychologists consult with the school authorities over children requiring specialised help.

Mrs. Aitken and myself during the year have had interviews with several outside agencies regarding difficult cases and it is a source of satisfaction to know that the clinic is being more and more recognised as an important feature of our present social system.

Student Health Visitors have attended as observers and one afternoon was devoted to a demonstration of Child Guidance methods at a Refresher Course for Midwives run by the Health Department at the Hull University.

Mr. Reed and Mr. Smith have continued their researches into the problems of handedness.

In conclusion I should like to express sincere thanks to my colleagues for their kindly help. I am also grateful to Dr. Cann and his staff for all their assistance in administrative matters.

Mr. Francis, the Speech Therapist, continues to place his welcome services at our disposal.

Again I have to thank Miss Scott, the clinic clerk, for her much appreciated work during the year.

The following table summarises the work done at the Child Guidance Clinic :

Classification	1st Attendances (New Cases)	Later Attendances (All Cases)	Total Attendances
Maladjustment	80	1834	1914
Maladjustment and Enuresis	—	32	32
Maladjustment and Educational Subnormality	—	19	19
Maladjustment and Epilepsy	—	8	8
Maladjustment (possibly post traumatic)	—	8	8
Maladjustment Enuresis and Pilfering	—	2	2
Maladjustment Pilfering and Backwardness	—	19	19
Maladjustment and ? Hysteria	—	5	5
Maladjustment—Psychopathic type	1	18	19
Hysteria	6	50	56
Anxiety State	8	142	150
Enuresis	8	210	218
Encopresis	3	75	78
Educational Subnormality and Epilepsy	1	1	2
Educational Subnormality	—	8	8
Behaviour problem	2	43	45
Head Banging	—	9	9
Neurodermatitis	—	7	7
Speech Disorder	3	72	75
Retarded, possibly Maladjusted	1	16	17
Educational Retardation	11	851	862
Temper Tantrums	3	47	50
Somnambulism	—	2	2
Total	127	3478	3605

(k) Speech Therapy

ACCOMMODATION

Speech Therapy Clinics were held as before at Kingston College Clinic, Central School Clinic and Park Avenue Special School with two Speech Therapists working full time. Four sessions a week were devoted to cases of Cerebral Palsy at Park Avenue Special School. The remaining sessions were given to the treatment of patients referred by Head Teachers and School Medical Officers.

WAITING LIST

The waiting list has been kept within limits by continuing the policy of seeing the children as soon as possible after referral. This is found to be most satisfactory in practice as in many cases it saves work later, through the relief of parental anxiety. Also it enables us to assess at an early date children requiring immediate help.

SCHOOL VISITS

At present both therapists visit schools once a fortnight during term time and greatly value the opportunity of discussing with the Head Teachers certain problems connected with the children's progress and treatment. Owing to the large number of children requiring Speech Therapy, it is found that not enough time can be given to these visits for the purpose of assisting Head Teachers in the help of speech disorders in school and so giving them a better understanding of the difficulties in the therapists' work.

GENERAL REMARKS

One of the Speech Therapists has attended the plastic clinic held at the Royal Infirmary by the plastic surgeon, Mr. Mortimer H. Shaw, in a liaison capacity, as team work is so essential in the cure of cleft palate conditions,

Experience has shown that an audiometer test and/or an intelligence test are a desirable, and in many cases an essential, preliminary to Speech Therapy. It is felt that perhaps some hearing difficulties may be missed through the omission of this. This applies specially to the cerebral palsied children.

Student health visitors have made regular attendances at the speech clinics and potential Speech Therapy students have also attended.

The following table summarises the work done at the speech clinic :

DEFECTS	INSPECTIONS		TREATMENTS	
	New Cases	Total Attendances	New Cases	Total Attendances
Stammer	36	172	10	768
Stammer and Dyslalia	2	30	—	169
Dyslalia	113	318	44	1381
Partially Deaf	—	3	—	—
Dysphonia	—	1	—	—
Alalia	—	1	—	—
Hyper-Rhinophonia	3	10	1	141
Hyper-Rhinophonia and Dyslalia	4	5	—	17
Dysarthria	—	3	—	11
Cleft Palate	5	27	2	167
Interdentalism	—	1	—	—
Retarded Speech and Language	5	8	—	55
Diagnosis Deferred	3	3	1	4
No abnormality diagnosed	8	9	—	—
Total	179	591	58	2713

(l) Foot Defects

The following table shows the defects treated by the chiropodists :

Defects	No. of Cases	Attendances
Injury from badly fitting shoes	..... 396	396
Injury from badly fitting socks	..... 1	1
Poor Hygiene	..... 8	8
Corns	..... 263	279
Callosities	..... 137	139
Verruca Pedis	..... 340	1736
Tinea Pedis	..... 9	9
Nail abnormalities	..... 125	137
Circulatory disorders	..... 2	2
Hallux Valgus	..... 200	216
Other toe deformities	..... 47	57
Pes Planus	..... 5	5
Pes Cavus	..... 28	28
Pronated feet	..... 1	2
Valgus feet and ankles	..... 102	114
Splay foot	..... 1	1
Painful feet	..... 1	1
Miscellaneous	..... 50	50
	..... 1716	3181

In addition 7 pre-school cases were treated (2 with injury from badly fitting shoes, 1 with nail abnormality, 1 callosity, 2 corns, 1 hallux valgus), involving 8 attendances. 3 attendances were also made by an ineducable child with a nail abnormality.

VII—INFECTIOUS DISEASES (PROPHYLAXIS)

(a) Mass Radiography and B.C.G. Vaccination Scheme

At the beginning of 1957 arrangements were made for sessions to be held to deal with 310 children who, due to absence from school or some other cause, did not start or did not complete the course at the end of 1956.

252 of these children were tuberculin tested and in 226 cases where the reaction was ascertained, 51 (22.57%) were found to give a positive result. Of the remaining 175 tuberculin negative cases 173 were vaccinated.

Following the decision of the Mass Radiography Service that only positive reactors would be offered Mass Radiography, 811 children were X-rayed during the 1956/57 programme and of these 18 were recalled for large films to be taken with the following results :-

Referred to the Chest Clinic—

Active Post Primary Tuberculosis	2
Healing Primary Tuberculosis Complex	1
Moderately enlarged right perihilar lymph node	1
Calcified primary lesion and minimal clouding	1
Fluffy opacities in the right perihilar area	1
Enlargement of the left hilar nodes with a little perihilar streaking	1
Calcified left upper hilar nodes	1

No Action—

Inactive Pulmonary Tuberculosis	2
Calcified Primary Lesion	2
Calcified Primary Complex	2
Azygos lobe	1
Calcified Pleural Plaque.....	1
No significant abnormality	2

The two active pulmonary tuberculosis cases have received Sanatorium treatment during 1957.

Following the practice of previous years, a circular letter was sent to the parents or guardians of those boys and girls showing a positive reaction to the tuberculin test inviting family contacts to co-operate in a Mass Radiography survey. Some 850 letters were sent and the 404 replies yielded 666 volunteers of whom 510 actually attended for X-ray. 21 of these were recalled for large film examination with the following results :

Referred to Chest Clinic

Active Pulmonary Tuberculosis	1
Inactive Pulmonary Tuberculosis	4

Referred to General Practitioner—

Heart lesions 2

No Action—

Inactive Pulmonary Tuberculosis 8
 Non-Tuberculous abnormality of the chest 1
 No significant abnormality 5

B.C.G. VACCINATION OF 13 YEAR OLD CHILDREN 1957/58

The Heaf Multiple Puncture apparatus was used for the Tuberculin testing, and the following table shows the results of the sessions held from September to December, 1957. 482 children remain to be dealt with during early 1958.

Mass Radiography Surveys of those children who show a positive result to the test and their family contacts who volunteer for chest X-ray are again a feature of the B.C.G. scheme and arrangements have been made, or are being made for these to be done.

B.C.G. Vaccination of School Children, 1957/58

	No. on Roll		No. of Consents		Percentage of Consents		No. Tested Result Known		No Positive		Percentage Positive (Percentage of total nos. read)		Tested but not read or course not completed		Received B.C.G. Vaccination	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total	2283	2167	1745	1570	76.43	72.45	1439	1351	425	381	29.53	28.20	65	70	999	955
Pupils not resident in Kingston upon Hull	110	56	93	39	84.55	69.64	77	33	26	7	33.77	21.21	5	2	49	26
Pupils resident in Kingston upon Hull	2173	2111	1652	1531	76.02	72.52	1362	1318	399	374	29.30	28.38	60	68	950	929

(b) Poliomyelitis Vaccination

Number of school children fully vaccinated during 1957 :-

At Health Department Clinics 2,762
 By general practitioners 1,033

 3,795

One injection only

67

(c) **Diphtheria Immunisation**

The table below relates to immunisation of school children only but it must not be forgotten that many children have been immunised before commencing school attendance.

	At Clinics	At Schools	Total
Immunised without test	53	522	575
Re-inforcing Injection.....	30	6919	6949

VIII—INFECTIOUS DISEASES (INCIDENCE)

The notifications of infectious diseases among school children are shown below :

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1957	Total 1956
Scarlet Fever	66	32	23	68	189	181
Diphtheria	2	1	1	2	6	13
Polio-myelitis	—	—	1	—	1	3
Erysipelas	1	—	—	—	1	1
Meningococcal Infection	1	—	—	—	1	1
Dysentery	129	74	7	16	226	125
Pneumonia	14	8	24	18	64	67
Whooping Cough	117	59	19	4	199	661
Measles	1093	130	24	4	1251	1494
Paratyphoid	3	—	—	—	3	5
Food Poisoning	—	2	—	1	3	—

IX—MORTALITY AMONG SCHOOL CHILDREN

The table printed below shows the causes of death among school pupils during the year.

Disease or other Cause	Male	Female	Total
Pneumonia	3	2	5
Pneumonia and congenital heart disease	1	—	1
Pneumonia and cerebral degeneration	—	1	1
Meningitis (pneumococcal)	—	1	1
Miliary tuberculosis	1	—	1
Appendix peritonitis	—	1	1
Rheumatic carditis	1	—	1
Nephritis	1	1	2
Renal failure (hypophosphatasia)	—	1	1
Cerebral tumour	1	1	2
Leukaemia	—	1	1
Aplastic anaemia	—	1	1
Subarachnoid haemorrhage	—	1	1
Congenital heart disease	—	1	1
Cirrhosis of liver	—	1	1
Status epilepticus	—	1	1
Burns	—	1	1
Motor Accidents	—	1	1
Drowning	1	—	1
Gunshot wounds	1	1	2
Other accidents	1	—	1
Total	11	17	28

X—HANDICAPPED PUPILS**(a) Ascertainment**

There was no change in the arrangements for ascertainment of handicapped pupils.

Recommendations of examining medical officers relating to the ascertainment of educationally subnormal pupils are given below. The figures include cases examined for the first time, re-examinations of pupils not previously classified as educationally subnormal, and re-examination of pupils previously classified as educationally subnormal who had not been admitted to a special school.

The figures relating to reports to the Local Health Authority do not agree with those given on page 201 since actual reports are not always made in the same year as the recommendations, and the figures on page 201 include cases reported after attendance at a special school.

Report to Local Health Authority—

Incapable of receiving education at school	16
Inexpedient to be educated in association with other children	2
Requiring supervision on leaving school	8

Educationally Subnormal—Special Educational Treatment in—

(a) Day Special School	33
(b) Residential Special School	1
(c) Ordinary School	160
Not Educationally Subnormal	73
Classification deferred.....	47
	<hr/>
	340
	<hr/>

(b) Special Schools

The numbers on the registers of each of the special schools on the 18th January, 1957, were as follows :

Park Avenue (Physically Handicapped)	61
Northumberland Avenue (E.S.N.)	184
Cottingham Road (Open Air)	207

Sutton (Deaf)	.....	.....	.....	.....	.....	.....	49
Wold Road (Partially Sighted)	.....	.....	.....	.....	.....	.....	46
Aldwark Manor Boarding (E.S.N.)	.....	.....	.....	.....	.....	.....	57

The figures include three deaf or partially deaf, four physically handicapped, one educationally sub-normal (Day Special School) and 47 educationally sub-normal (Boarding Special School) pupils resident in the areas of other Local Education Authorities. Responsibility for the cost of their education has been accepted by the Authorities concerned.

Regular inspections of the special defects concerned were carried out by approved medical staff.

Park Avenue School for Physically Handicapped Pupils

Among minor improvements carried out another ramp has been provided down which wheeled chairs can be easily pushed into the playground. All entrances used by the children now have such ramps.

One whole-time and one part-time physiotherapist were employed at the school throughout the year.

A summary of the inspections and treatments carried out at the school is given below.

Inspections by Orthopædic Consultant	49
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Treatments—

(a) Registered Pupils :—

Remedial Exercises.....	1739
Sunlight	—
Minor Ailments	223
Speech Therapy	.....	.....	.....	.....	353
Miscellaneous	.....	.....	.....	.....	415

(b) Cerebral Palsy Out-Patient treatments	320
---	-------	-----

Orthopædic appliances were provided and repaired under National Health Service arrangements.

During the year 10 pupils were admitted to hospitals for surgical treatment.

The consultant pædiatrician conducted clinics at the school on 9 occasions for cases of Cerebral Palsy and inspected 48 children. The cases inspected included 1 under statutory supervision by the L.H.A. as ineducable, one child resident in the East Riding and 15 attendances by children not yet of school age.

During the year 9 children left the school in the following circumstances :

Transferred to Boarding Special (P.H.) School	1
On attaining 16 years	4
Reported to Local Health Authority as in-	
educable	1
Left the city	2
Died	1

Pupils at Park Avenue (P.H.) School as at 31st December, 1957.

Cerebral Palsy : Spastic	28
Athetoid	4
Old Poliomyelitis	9
Muscular Dystrophy	4
Tuberculosis (bone)	4
Perthe's Disease	1
Rheumatoid Arthritis	2
Congenital Heart Disorder	3
Congenital Deformity (limb)	3
Cerebral Degeneration	1
Chronic Nephritis	1
Haemophilia	4
Fractured Skull	1

Northumberland Avenue (E.S.N.) School

During the year the school has been equipped with new gymnastic apparatus, a drinking fountain has been installed and improved lavatory and washing facilities provided.

The number of formal re-examinations of pupils in attendance at the school carried out during the year was 111.

During the year 36 children left the school in the following circumstances :

Transferred to Boarding Special (E.S.N.) School	1
Transferred to ordinary schools	1
Reported to Local Health Authority as ineducable	2
On attaining 16 years, reported to Local Health Authority for supervision	27
On attaining 16 years not for supervision	4
Left the City	1

Aldwark Manor Boarding (E.S.N.) School

The number of formal re-examinations of pupils in attendance at the school carried out during the year was 49.

During the year 1 Kingston upon Hull pupil left the school in the following circumstances :

On attaining 16 years, reported to Local Health Authority for supervision	1
---	---

Difficulty continues to be experienced in arranging for dental treatment at this school, which is situated nearly two hours journey by road from Kingston upon Hull. The Principal School Dental Officer has carried out regular inspections at the school and, no other arrangement for dental treatment being available, he spent nine more sessions in York using a dental surgery loaned by the York Education Committee. In this way he was able to give dental treatment to 49 pupils from the school, who made 66 attendances in all.

During January and February there was an outbreak of infection at the school attributed to the Type 12 streptococcus. It was later found that there was a similar prevalence in the surrounding area. The first boy fell ill on the 7th January, the first day of term. 24 boys were affected, the cases straggling on in ones and twos till the last on the 12th February. Each case had been treated on its merits till the 15th February when it was decided to treat the whole of the staff and pupils with oral penicillin for forty-eight hours. No more cases appeared after this ; but it was uncertain whether the penicillin was responsible or whether most of the population at risk had by then been subclinically infected. The main findings in all cases were sore throats, nausea and pyrexia ; but two boys developed acute nephritis and were admitted to hospital while one boy showed signs of subacute rheumatism. All eventually cleared up completely.

In September, again within a few hours of arriving back from holiday, a boy developed influenza. In 3 days 10, in 2 more days 18, and by the end of the week nearly all the boys and staff were ill. For a while the school ceased to function as such. A school nurse from Kingston upon Hull took up temporary residence at the school to help the staff, all of whom were at one time affected though not all went to bed. Fortunately by the end of another week the epidemic passed as rapidly as it had come. None of the cases proved serious.

During the year a hard-surfaced playground and a levelled playing field have been provided, though the latter with its cricket pitch will not be fit for use till 1959.

Cottingham Road (Open Air) School

A full-time nurse was employed at the school and the pupils were kept under close medical supervision and treatment throughout the year. The following table shows the work carried out :

General re-inspections by Medical Officers	590
Shower baths	6111
Cleanliness inspections	6077
Weighing and measuring	3091
Treatments of minor ailments	8519
Breathing exercises	21
Sunlight treatment	280

During the year 54 children left in the following circumstances :

Transferred to ordinary schools	38
Left at 15 years	12
Left the city	4

Pupils at Cottingham Road Open Air School (as at 31st December, 1957.)

Asthma	48
Bronchitis	31
Bronchiectasis	6
Quiescent Tuberculosis (Lungs)	9
Quiescent Tuberculosis (Bone)	3
Rheumatism	2
Rheumatic Carditis	1
Congenital Heart Disorder	4
Collapsed Lung	1
Old Poliomyelitis	1
Epilepsy	1
Seborrhoeic Dermatitis	2
Eczema	1
Debility	103

At the Head Master's suggestion the Committee agreed that biscuits should be supplied for consumption with the morning milk. All but two children now have the biscuits and enjoy them. The maximum charge made to the parents is 2½d. a week.

Destructible waxed card containers are now used for sputum in lieu of sputum mugs. Paper towels have replaced all ordinary hand towels. Drill sleeping bags have been introduced for use by skin cases during the midday rest ; it was found that the blankets were a source of irritation.

Redecoration of the buildings, internal and external, in bright colours has improved the general appearance of the school to the visiting observer and we hope to the children as well.

Wold Road (Partially Sighted) School

Minor improvements include wash basins with hot water and a staff toilet with hot water. A new electric cable has made it possible to use both hot water and electric light together, which was not previously the case. Display panels have been fitted in hall and classrooms.

During the year 6 children left the school in the following circumstances :

Transferred to Blind School	1
Transferred to ordinary schools	2
On attaining 16 years, reported to Local Health Authority for supervision under M.D. Acts	2
On attaining 16 years, not so reported	1

Pupils in Wold Road (Partially Sighted) School as at 31.12.57.

Myopia	16
Nystagmus	11
Cataract	5
Optic Atrophy	3
Myopia and Nystagmus	7
Nystagmus and Microphthalmia	1
Nystagmus and Cataract	1
Optic Atrophy, subluxated lenses and Detached Retina	1
Albino (without nystagmus)	1

The pupils are under the regular care of the Ophthalmologist.

Sutton (Deaf) School

The pupils were under the regular care of the Otologist. There are a number of cases at this school resulting from treated tuberculous meningitis, some of whom have motor palsies as well as deafness. These cases would, of course, have died from the original illness in times before the discovery of modern anti-biotic treatment.

During the year 9 pupils left the school under the following circumstances :

Transferred to Boarding Special (Deaf) School	1
On attaining 16 years.....	6
Left the city	2

Pupils attending Sutton School for the Deaf (as on 31.12.57.)

	Deaf	Partially Deaf
Congenital	35	1
Middle ear disease	0	2
Tuberculous Meningitis	3	0
Meningitis (other)	4	1
Uncertain	2	1

Follow-up of Kingston upon Hull pupils who left Special Schools in 1956 and 1957.

	SCHOOL						
	Park Avenue (P.H.)	Cottingham Road (Open Air)	Northumberland Avenue (E.S.N.)	Aldwark Manor Boarding (E.S.N.)	Wold Road (P.S.)	Sutton (Deaf)	Other Special Schools
Regular Employment	4	21	38	2	4	15	1
Irregular Employment	1	—	7	—	1	1	1
Unemployed	1	—	8	—	—	—	—
Living in Institution	1	—	—	—	—	—	—
Untraceable	2	—	2	—	—	—	—
Left Area	—	1	—	—	—	—	—

(c) Young Deaf Children not attending schools

No change took place in the arrangement whereby the Head Master of the Sutton (Deaf) School or his deputy attended the school clinics by appointment to consult with the Otologist about doubtful cases and to instruct mothers about deaf children too young or otherwise unfit to attend his school. Towards the end of the year a new teacher of the deaf was appointed to carry out this work whole-time in clinics and in the homes of the children in close co-operation with the Otologist. She had not yet commenced duty when the year ended ; but will start in January 1958.

XI—NURSERY SCHOOLS AND CLASSES

The authority has two nursery schools and 12 nursery classes (at ten schools) with accommodation for 135 in schools and 360 in the classes. Admission is not based on the medical condition of the children, but the school nurses provided information about home conditions, etc., to assist the Chief Education Officer in deciding priorities. Medical officers visited the nursery schools and classes at intervals to carry out routine medical inspections and to make general observations on the children. A school nurse visited each nursery school and class weekly.

XII—PHYSICAL EDUCATION

A report on physical education is included in Appendix II (page 231)

XIII—PROVISION OF MEALS

The School Health Service is not directly concerned with the provision of meals but the statistics printed below may be of general interest.

Total dinners supplied—2,178,472

Month	Largest number of dinners in one week	Largest number of pupils fed in one week
January	56869	11272
February	57799	11398
March	56041	11021
April	52223	10251
May	52395	10305
June	50312	10062
July	49999	9828
August	Holidays	Holidays
September	46902	10585
October	54997	10824
November	57631	11349
December	58256	11485

XIV—MISCELLANEOUS

In addition to the work referred to elsewhere in this report, other duties have been carried out as shown below.

Medical Examinations—

Children, employed out of school hours	1066
Children, in connection with theatrical employment.....	50
Children referred from the Juvenile Court	35
Teachers, mostly in connection with absence from duty	10
Students, prior to admission to Training Colleges	122
Teachers, on appointment	70

Tests of first-aid knowledge of adult students of the

Nautical College	160
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MINISTRY OF EDUCATION STATISTICAL TABLES

for the year ended 31st December, 1957

FORM 8M

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and number of pupils examined in each—										
V plus	....	....	....	....	....	....	....	....	....	4449
X plus	....	....	....	....	....	....	....	....	....	4515
XIV plus	....	....	....	....	....	....	....	....	....	3648
Total...										12612
Additional Periodic Inspections										580
Grand Total										13192

B.—OTHER INSPECTIONS

Number of Special Inspections	....	....	....	....	....	....	....	....	....	8431
Number of Re-inspections....	....	....	....	....	....	....	....	....	....	15686
										24117

C.—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

Age Groups Inspected										
(1)										
										For Defective Vision (excluding Squint) (2)
										For any of the other conditions recorded in Table III (3)
										Total Individual Pupils (4)
V plus	....	....	....	....	....	....	....	....	....	8
X plus	....	....	....	....	....	....	....	....	....	193
XIV plus	....	....	....	....	....	....	....	....	....	224
Total										425
Additional Periodic Inspections										12
Grand Total										437
										1543
										1932

D.—CLASSIFICATIONS OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	Percentage of Total (col. 2) (4)	No. (5)	Percentage of Total (col. 2) (6)
V plus	4449	4434	99.7	15	0.3
X plus	4515	4501	99.7	14	0.3
XIV plus	3648	3644	99.9	4	0.1
Additional Periodic Inspections	580	577	99.5	3	0.5
Total	13192	13156	99.7	36	0.3

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	.....	179330
(ii) Total number of individual pupils found to be infested	.....	5484
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	.....	78
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	.....	ni

TABLE III

DEFECTS FOUND BY MEDICAL INSPECTION

NOTE :—All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

A.—PERIODIC INSPECTIONS

Defect or Disease (1)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
	Entrants		Leavers		Requiring Treatment (6)	Requiring Observation (7)
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)		
Skin	88	13	68	1	243	36
Eyes : (a) Vision	8	1	224	1	437	20
(b) Squint	63	15	3	—	83	21
(c) Other	48	5	13	—	95	9
Ears : (a) Hearing	21	16	13	—	52	25
(b) Otitis Media	24	32	3	2	42	48
(c) Other	23	8	6	2	37	14
Nose and Throat	344	495	32	15	489	645
Speech	23	50	1	1	27	62
Lymphatic Glands	154	420	5	8	215	552
Heart	30	56	19	8	61	97
Lungs	63	210	14	15	108	316
Developmental : (a) Hernia	13	9	2	1	20	17
(b) Other	10	57	11	6	46	172
Orthopaedic : (a) Posture	5	41	2	7	19	85
(b) Feet	50	47	53	3	167	87
(c) Other	29	40	10	4	51	68
Nervous System : (a) Epilepsy	5	3	1	1	10	5
(b) Other	12	14	4	1	29	36
Psychological : (a) Development	3	11	—	—	10	17
(b) Stability	4	24	1	—	13	33
Abdomen	15	18	4	—	31	40
Other	27	34	19	4	87	77

B.—SPECIAL INSPECTIONS

Defect or Disease (1)	SPECIAL INSPECTIONS	
	Requiring treatment	Requiring observation
	(2)	(3)
Skin....	1383	105
Eyes : (a) Vision	89	194
(b) Squint	11	12
(c) Other	545	67
Ears : (a) Hearing	18	14
(b) Otitis Media	33	12
(c) Other	201	63
Nose and Throat	47	50
Speech	5	3
Lymphatic Glands	8	11
Heart	1	1
Lungs	12	19
Developmental : (a) Hernia	—	—
(b) Other	3	3
Orthopaedic : (a) Posture	1	—
(b) Feet	8	25
(c) Other	15	17
Nervous System : (a) Epilepsy	1	1
(b) Other	9	6
Psychological : (a) Development	2	5
(b) Stability	10	11
Abdomen	4	8
Other	4587	499

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	845	552
Errors of Refraction (including squint)	—	4419
Total	845	4971
Number of Pupils for whom spectacles were prescribed	—	3285

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	61
(b) for adenoids and chronic tonsillitis	—	1719
(c) for other nose and throat conditions	—	539
Received other forms of treatment	569	119
Total	569	2438
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	—	13
(b) in previous years	—	60

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments	58	198

GROUP 4.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—	
(i) Scalp	3
(ii) Body	18
Scabies....	112
Impetigo	717
Other skin diseases	1230
Total	2080

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority....	265
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GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	162
---	-----

GROUP 7.—OTHER TREATMENT GIVEN

(a)	Number of cases of miscellaneous minor ailments treated by the Authority	13551
(b)	Pupils who received convalescent treatment under School Health Service arrangements	—
(c)	Pupils who received B.C.G. Vaccination	2127
(d)	Other—	
(1)	Artificial Sunlight	237
(2)	Chiropody	1765
(3)	Cerebral Palsy	32
	Total	17712

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1	Number of pupils inspected by the Authority's Dental Officers—		
(a)	At Periodic Inspections		2307
(b)	As Specials		4091
	Total		6398
2	Number found to require treatment		5701
3	Number offered treatment		5443
4	Number actually treated		4440
5	Number of attendances made by pupils for treatment including those shewn under 11 (h)		10400
6	Half-days devoted to Periodic (School) Inspection 18 Treatment* 1211	} Total	1229
7	Fillings Permanent Teeth 2940 Temporary Teeth 26	} Total	2966
8	Number of teeth filled Permanent Teeth 2554 Temporary Teeth 24	} Total	2578
9	Extractions Permanent Teeth 2871 Temporary Teeth 6789	} Total	9660
10	Administration of general anaesthetics for extractions		1499
11	Orthodontics—		
(a)	Cases commenced during the year		85
(b)	Cases carried forward from previous year.		143
(c)	Cases completed during the year		40
(d)	Cases discontinued during the year		38
(e)	Pupils treated with appliances		218
(f)	Removable appliances fitted		132
(g)	Fixed appliances fitted		2
(h)	Total attendances		1718
12	Number of pupils supplied with artificial dentures		42
13	Other Operations— Permanent Teeth 3831 Temporary Teeth 57	} Total	3888

*The total number of sessions devoted to treatment of all types of cases was 1318. Separate sessions were not devoted to the treatment of non-school cases. The time devoted to the treatment of cases other than school pupils is estimated at 107 sessions, leaving 1211 sessions devoted to the treatment of school pupils.

FORM 21 M.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
During the Calendar Year ended 31st December, 1957										
A. Handicapped pupils <i>newly placed</i> in Special Schools (other than hospital special schools) or Boarding Homes	2	5	8	—	50	15	17	—	—	97
B. Handicapped pupils, <i>newly assessed</i> as needing special education or treatment at Special Schools or in Boarding Homes	1	7	9	1	51	16	24	—	—	109
On or about 31st January, 1958										
C. Number of Handicapped pupils from the area : (i) on the registers of Special Schools as—										
(a) Day pupils	—	46	40	5	203	65	162	—	—	521
(b) Boarding pupils	10	1	5	1	1	2	12	1	—	33
(ii) on the registers of independent schools under arrangements made by the Authority	—	—	—	1	—	—	—	—	—	1
(iii) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
Total (C)	10	47	45	7	204	67	174	1	—	555
D. Number of handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals....	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	1	—	—	—	—	1
E. Number of handicapped pupils from the area requiring places in Special Schools—										
(i) Total—										
(a) Day	—	—	2	—	—	2	11	—	—	15
(b) Boarding	2	—	—	—	—	—	—	—	—	2
No. of pupils included in the totals above—										
(ii) who had not reached the age of 5										
(a) awaiting day places	—	—	2	—	—	2	—	—	—	4
(b) awaiting boarding places	1	—	—	—	—	—	—	—	—	1
(iii) who had reached the age of 5 but whose parents refused consent to their admission to a Special School :										
(a) awaiting day places	—	—	—	—	—	—	9	—	—	9
(b) awaiting boarding places	—	—	—	—	—	—	—	—	—	—
F. Number of handicapped pupils who were on the registers of hospital Special Schools....										7
G. Number of children reported to the Local Health Authority during calendar year ended 31st December, 1957, under :—										
(a) Section 57(3) (excluding any returned under (b))										14
(b) Section 57(3) relying on Section 57(4)										1
(c) Section 57(5)										35
of the Education Act, 1944										

NOTE : (1) Apart from the pupils listed at D.(i) above, regular teaching is provided in those hospitals in the area of the Local Education Authority for pupils (not ascertained as handicapped) who happen to be in hospital for any reason.

(2) In the same way a number of pupils (not ascertained as handicapped and not included under D.(iii)) are provided with home tuition when absent from school for prolonged periods for any reason.

APPENDIX I

THE SCHOOL HEALTH SERVICE IN KINGSTON
UPON HULL (1908-1957)

BEGINNINGS

The School Health Service commenced its statutory existence in 1908 consequent upon the Education (Administrative Provisions) Act of 1907; but it must not be supposed that it began then *de novo*. Dr. James William Fraser, the Principal School Medical Officer appointed in that year, had served the Local Education Authority and the preceding School Board from 1888 in a part-time capacity and for several years there had been a School Nurse. Dr. Fraser had been accustomed to examine deaf, blind and mentally retarded children and others referred to him by the teachers. He was responsible for selecting cases for the day school for the deaf which the Local Education Authority had maintained since 1894. Teachers carried out sight and hearing tests and referred cases appearing to be below an agreed standard of acuity. When infection occurred schools were inspected, closure advised upon, "special attention being directed to the prevention of diphtheria by rigid exclusion of all notified cases and members of the affected family" and "every precaution taken by medical inspection and otherwise." The first report in 1908 reads as if these things were familiar, the only innovation being the "general medical inspection."

OPENING SCENE

1908 was a different world from 1957 and a harder one for children in many ways. Birth rate 30.1 per 1,000 (1956 = 17.8). Death rate was 16.3 per 1,000 (1956 = 13.3). Infant death rate was 148 per 1,000 live births (1956 = 28.9). 168 children of school age died (1956 = 23). 103 babies died of diarrhoea (1956 = 3). The following table shews the great drop in the death rate of children and the rise in those surviving to die in old age.

Age	PERCENTAGE OF TOTAL DEATHS		
	Under 5	5-15	Over 65
1908	38.7%	3.8%	21.8%
1956	5.7%	0.8%	62.7%

From it we see that a very large number of children were dead in 1908 before school entry age.

There were 14 cases of smallpox, 696 of diphtheria and 89 of enteric fever. Only 34% of the diphtherias and 46% of the enteric fevers could be accommodated in the hospitals. "At times only cases of diphtheria requiring tracheotomy or urgent cases of scarletina or typhoid" could be admitted.

Difficulty was experienced in carrying out the rules of the new Central Midwives Board which came into force in 1905, because 21 "bona fide" midwives, who were women entitled to practise by virtue of having been working as midwives before the Midwives Act of 1902, could not read or write and 13 could only make their marks in lieu of signature. They could not make the prescribed records and reports! 40 of the 51 midwives in the city were only "*bona fide*."

There were 122 cowsheds and 1,547 cows in the city. The Corporation used 33 horses daily for removal of excrement from the dwelling house privies.

In 1908 attendance at school could be compelled up to the age of fourteen, with certain exceptions which were not removed till 1918. There was already a school for the deaf in Osborne Street, one for mentally defective pupils in Blenkin Street, an Industrial School for Boys in Marlborough Terrace (closed in 1909) and an Industrial School for Girls in Park Avenue. A number of children were in residential schools for the blind at York and Sheffield.

THE MAIN STORY

When we read these early reports we find that, time and again, we must try to look through the spectacles of our predecessors. Reports often take it for granted that the reader is aware of the general circumstances and practices current at the time of writing. For many reasons, figures collected over the years cannot be compared exactly. What was noted as moderate in 1908 would, no doubt, be recorded as serious or even urgent in 1957. Many defects recorded in 1957 would have been regarded as unworthy of notice in earlier times. The important thing is to look for the continuous trends which are apparent in spite of the crude nature of the figures. New buildings are mentioned from time to time, always apparently the last word in school design with "large playground space, every facility for good lighting" and so on. These buildings are, in 1957, regarded as "antiquated," "dark" and "dismal." Every year structural improvements were made in a number of schools, risers and galleries removed, desks rearranged. There never does seem to have been a time when we were not busy altering what had been made, apparently satisfactorily, in the past. One wonders how the reports will read in 2007, when describing the buildings of 1957.

The first Principal School Medical Officer was appointed early in 1908 but general medical inspection did not begin until 1st October ; so the report of that year covered only three months. Teachers apparently helped by weighing, measuring, testing sight and hearing, obtaining family and personal histories, entering details of clothing, school standard and attendance in the records. Potentially blind, deaf or mentally defective children were examined by the Principal School Medical Officer himself at special visits which he made additional to those of the Assistant School Medical Officers. The age groups for routine examinations were entrants, seven plus, ten plus and leavers. At first the scope was almost confined to inspection, cases requiring treatment being referred to private practitioners or hospitals. There were 1 whole-time and 2 part-time lady Assistant School Medical Officers and 6 part-time male Assistant School Medical Officers appointed during 1908.

Louse infestation and skin infections were a trouble from the first and these, together with the apathy of many parents, are repeatedly mentioned in the earlier reports. The Medical Officers often remark that children were tired and overworked out of school hours. Passive resistance to medical inspection by staying away from school was common.

In 1912 the Principal School Medical Officer commenced a routine of informing the Labour Exchange of school leavers who were medically unfit for some forms of employment. This practice has continued to the present day, the Youth Employment Service of the Local Education Authority having assumed the duties of the Labour Exchange in relation to the first two years after leaving school.

In 1913 the age groups for routine examination were changed to entrants, eight plus and twelve plus and in 1914 it seems that the teachers rebelled against the many duties laid on them, for attendants were provided for the Medical Officers. Teachers were no longer to weigh, measure or test sight or hearing ; this was to be done by the Medical Officer or the attendant.

1914 is a report which almost rumbles with war-drums. A new Medical Officer was appointed who, at the time, was House Surgeon at the Kent County Ophthalmic Hospital. Apparently all the consultant staff of the hospital were called up for military service, leaving only this House Surgeon to carry on. The secretary of the hospital wrote asking for this Medical Officer's date of commencing duty to be deferred. The Education Committee agreed to do so. During this year the special examinations of blind, deaf and mentally defective children were transferred to the newly opened clinic. The effects of war are again found in the 1915 report. Work was slowed but not stopped. One whole-time Medical Officer was sick for several months with diphtheria. " Sleepless nights caused

by alarms of air-raids affected attendance and the mental capacity of those who attended." The Committee resolved to close schools on days when official alarms had occurred ; but later the closure was reduced to half day only. The newly appointed Dental Officer left to take up a commission in a combatant unit ; but fortunately a replacement was appointed after only eight weeks. Several Medical Officers were called up in 1916 and the eight plus inspections had to be temporarily suspended, being abandoned altogether in 1917. The report of 1918, no doubt written in 1919, resumes the calmer peace-time note.

In 1918 the new Act laid a duty on the Local Education Authority to arrange medical inspections in the secondary schools and in 1920 they began to be carried out. The age groups now being examined were in elementary schools entrants, eight plus (resumed in 1919) and twelve plus and in secondary schools entrants, twelve plus, eighteen plus and " less detailed " examinations at thirteen, fourteen, sixteen and seventeen. An inspector of physical education was appointed, apparently for the first time, in this year. In 1919 the duty of regulating the employment out of school hours of children devolved on the Local Education Authorities and necessitated numerous medical examinations. The most popular employment for boys was that of " lather boy," lathering the faces of customers in the barber's shop.

Up to this time the arrangements for inspection sessions in schools seem to have been made directly between the Medical Officer and the Head Teacher, provided that the Medical Officer visited every school on his list not less than once in every two months. Unsatisfactory conditions for medical examinations in the schools are complained of in 1920, no doubt with some justification.

Signs of post-war depression appear in 1921. There is " great unemployment and a coal strike " causing hardship to many children and a rise in the provision of meals for necessitous children. " Trade and financial depression " are mentioned in the same context in 1922 and again " prolonged depression of trade and employment " in 1923. In 1925 there was a financial squeeze ; " schemes not yet in existence will have to wait for easier times, extensions will be made more difficult and even the expenditure on existing activities will have to be rigorously curtailed and if possible reduced." In this year medical inspection was extended to 4 aided secondary schools ; it was also offered to the private schools but none were interested and the matter was dropped. The note at the end of 1925 is " unemployment."

In 1926 school nurses took over the duty of preparing for medical inspections weighing, measuring and sight testing beforehand, so allowing Medical Officers to examine more cases per session. Clerical work previously done by the Medical Officers at schools was transferred to the central office clerks. In 1927 the planning of visits to schools was made a central office function, Medical Officers being provided with timetables of duties for a week in advance. A Remand Home for both sexes was opened in 1937.

In 1936, 1937 and 1938 two junior instruction centres were run in order to occupy the time of unemployed young persons from the age of 14 to 18 years. Medical and dental inspection and treatment were made available to these on the same basis as to secondary schools.

In 1939 the war-drum fills the report once again. The examination of thousands of children interfered with routine duties, these examinations being a necessary part of the evacuation procedure. Medical Officers were diverted to various voluntary duties associated with Air Raid Precautions. The Senior School Medical Officer was called up almost immediately and the services of 3 other School Medical Officers, 2 part-time Specialists, 2 Dental Officers, 7 Nurses, 2 Physiotherapists and 1 Cleanliness Visitor were lost by call-up or removal to other duties as a result of the war. All clinics closed and all medical and dental treatment ceased on declaration of war though a limited medical (not dental) service restarted in November. All schools closed and the special schools were still closed at the end of the year. Some of the special schools were, however, evacuated as units to function elsewhere as residential schools. 13 ordinary schools re-opened in November and December on a double shift basis ; but they provided only for children over 7 years of age. Routine medical inspections were resumed as far as possible in November and treatment centres on a small scale were opened in 12 of the schools, the main clinics still being closed and all specialist clinic work being in abeyance. There was much unemployment in the earlier part of the year and with the added disturbance of war many families suffered. Free milk and meals were made available to necessitous children whether or not at school.

1939-43 is covered by a single slim report which has contracted down to a few of the most essential tables of figures. There is virtually no other information and we must look elsewhere for the many tragic and heroic happenings that took place in the "Town on the North East Coast." The report was prepared "in accordance with the instructions of the Board of Education" which was, no doubt, as security-minded as the B.B.C. at that time.

1944 is as brief a report again. A Dental Officer was lost on active service. There was a great shortage of nurses. Scabies shewed a "satisfactory decline" due to the use of the new benzyl benzoate treatment. (Presumably there was a previous rise, but security evidently had not allowed it to be mentioned) 1945 mentions a marked shortage of Medical Officers and nurses. 2 Dental Officers returned from war service but 2 were still away. Many evacuated children had now returned to the town.

The 1946 report is almost its old self again. A scheme for payment by the Local Education Authority of the hospital costs of school children had been "under much thought." All treatment and appliances provided by the Local Education Authority were now free of charge. Charges had previously been made for dental treatment and all appliances. The shortage of nurses continued into 1947 and physiotherapists could not be obtained to fill several vacancies. The commitments of the Service were increased by the raising of the leaving age to 15.

In 1947 the scheme for the liability of the Local Education Authority for the hospital costs of school children was agreed upon with retrospective liability to 1st April, 1947. The scheme necessitated regular and fairly complete information being provided by the hospitals for the Local Education Authority. Hope was expressed that these useful reports would continue when the liability for payment, which started them, no longer existed. In 1948 the Regional Hospital Board assumed responsibility for the hospitals and the scheme ceased. In 1950 the Regional Hospital Board took over financial responsibility for all the Specialist Medical Officers employed by the Local Education Authority.

The reports for 1948 onwards contain many references to shortage of medical, nursing and especially dental staff. Nurses by 1951 are attending at medical inspections "where possible". By 1953 this is the normal routine and we read no more of the attendants.

In 1954 the central office of the School Health Service moved to new and better quarters in Witham where it now functions.

POPULATION IN SCHOOL

Total number of children in maintained schools

1908- not	1932 54,139	1940- not	1951 48,623
-1925 available	1933 54,855	-1944 available	1952 49,728
1926 50,909	1934 53,322	1945 41,526	1953 51,301
1927 51,451	1935 52,933	1946 41,786	1954 52,364
1928 50,950	1936 51,579	1947 43,506	1955 53,337
1929 51,065	1937 50,932	1948 45,348	1956 54,124
1930 51,428	1938 50,197	1949 45,995	1957 54,709
1931 52,970	1939 50,959	1950 46,887	

The above figures represent the school population under the jurisdiction of the Local Education Authority. They are affected by many factors, including the school leaving age, responsibility assumed for further education, evacuation, movements of population and changes in the city boundaries. They have not varied as much as might have been supposed.

Staff

1908-1926 P.S.M.O. Dr. JAMES WILLIAM FRASER.
 1926-1929 P.S.M.O. and M.O.H. Dr. W. ALLEN DALEY.
 1929-1931 P.S.M.O. and M.O.H. Dr. W. M. FRAZER.
 1931-1952 P.S.M.O. and M.O.H. Dr. NICOLAS GEBBIE.
 1953 to date P.S.M.O. and M.O.H. Dr. ALEXANDER HUTCHISON.

Medical

At first the Principal School Medical Officer was assisted by 1 whole-time female, 2 part-time female and 6 part-time male Assistant School Medical Officers. The number of part-time sessions worked is not stated. In 1914 the staff was re-organised on a whole-time basis with the P.S.M.O. and 3 others. Part-time Medical Officers were used again of necessity during the 1914-18 war; but whole-time staff replaced them again during 1919 and 1920. In 1926, when the first P.S.M.O. retired, the combined appointment of P.S.M.O. and M.O.H. was created with a Senior School Medical Officer to represent him in the School Health Service. Since then the Assistant Medical Officers have been interchangeable as between the School Health Service and the various sections of the Health Department and the Port Health Authority. The sessions given to the School Health Service have risen by degrees over the years to the equivalent in 1957 of rather more than 4 Assistant Medical Officers.

Nursing

In 1908 there was one school nurse, mainly employed on home visiting in connection with the follow-up of pupils recommended for treatment by private practitioner or hospital and in the cleansing of cases of pediculosis. 2 more were appointed in 1909. By 1920 there were nine school nurses on general duties and 3 at the Physically Handicapped School. 2 Cleanliness visitors were engaged in this year. After shortages during the war years the numbers have gradually been increased till in 1957 there were 19 nurses and 2 cleanliness visitors in addition to the Superintendent School Nurse. The post of Superintendent School Nurse was created in 1947.

Clerical

Clerks are first mentioned in 1914 when the first separate School Health Office was opened. There were "one female clerk and an office boy." A second clerk was soon found necessary. In 1933 there were 12 and by 1957 there were a Senior Clerk, Deputy Senior Clerk and 16 others.

Specialist Services

A considerable number of staff are mentioned in later paragraphs relating to special clinics and other services.

SOCIAL BACKGROUND

There are many remarks, some quoted above, in the reports which give some idea of the ups and downs of the prosperity and employment of the city and the people. The general trend indicates improvement of conditions under which children live and the assuming by the Corporation, in particular the Education Committee, of increasing responsibility for the welfare of every child in the city.

Clothing

From a time in 1908, when large numbers of children were unsatisfactorily clothed all the time, when the P.S.M.O. was of the opinion that bare feet were preferable to the very leaky boots worn by many of the schoolchildren and when voluntary societies endeavoured inadequately to help, we now have provision of clothing and footwear in all necessitous cases by the Local Education Authority.

PUPILS SEEN AT MEDICAL INSPECTION WITH NO FOOTWEAR AT ALL

(None recorded after 1925)

1908 34*	1909 228	1910 269	1911 228	1912 314	1913 247	1914 278	1915 254	1916 127
1917 96	1918 58	1919 84	1920 62	1921 55	1922 36	1923 37	1924 31	1925 13

* N.B.—Inspections covered 3 months only in 1908

Meals and Milk

In 1908 meals were already being provided for necessitous cases. One wonders whether the criterion of "necessitous" was as liberal as to-day. In 1914 "with the declaration of war an entirely new set of circumstances presented themselves . . . great dislocation of trade and manufacture, . . . considerable distress occurred on account of the interference with navigation." Meals were supplied up to 3 a day and 7 days a week where necessary. The total meals rose from 146,999 in the 7 months January—July to 1,097,628 in the 5 months August—December. In the week ending October 10th the total meals (62,477) exceeded the maximum week in 1957. A new diet scale specifying the actual amounts of the ingredients in each meal was adopted on the advice of the P.S.M.O. Canteens were nearly all in church halls but in a few cases in eating houses or shops. Parents of children excluded from school could collect the meals.

Meals dropped rapidly in number through 1915, 1916 and 1917. "In spite of the continuance of the war and the rise in the price of food there is even less distress than usual in the town. There is more than enough work for every man, many women are employed, some in work of men absent on war duties and some in new employments originating out of the war." In 1917 rationing was "not legally compulsory but practically so on account of the high prices." Rationing was introduced in 1918 and school meals were made meatless, because of the administrative difficulties caused by having to surrender coupons for meat meals.

Post-war depression now appeared, numbers of dinners rose in 1919 and 1920 and the P.S.M.O. feared a further rise if "present conditions continue." In 1921 his fears were realised with a "great amount of unemployment and the coal strike." The rise of meals continued into 1922 when 10,814 meals were served in the maximum week to 2,349 children. For the first time we read that some children were given milk on medical advice.

Numbers continued to drop. In 1934 the milk in schools scheme appeared; but in necessitous cases it was given only on "medical advice," a restriction never laid on the provision of meals. Can one blame the Medical Officer who, knowing the family to be in needy circumstances, was rather liberal with his advice?

From this time on the provision of meals and milk tended to lose its close connection with poverty and dire need and to be applied fairly freely to less urgent cases. Finally in 1944 the general duty to provide school meals rendered the subsequent figures of little interest as a measure of poverty in the community.

Voluntary Bodies

A considerable number of voluntary bodies, who attempted to meet the need for meals, clothing, footwear, surgical apparatus, holidays and other requirements of the poorer children are given very honourable mention over the years. Now that the Local Education Authority, in co-operation with other statutory bodies rightly provides most of these needs remarks about these previously very necessary organisations are rarely found in recent reports.

CLINICS

General

Up to 1914 no clinic facilities existed though the P.S.M.O. had made recommendations to that end in 1910, 1911 and 1912. Up to this time no treatment was given except delousing which was done partly in the home and partly at the Corporation cleansing station run by the Health Department. Other cases were referred to private practitioners or hospitals. It was found, however, that the nurses were forced by circumstances to give "advice" to many cases of ringworm, ophthalmia and other infectious disease where the parents were unable or unwilling to seek medical advice.

In 1914 the P.S.M.O. visited clinics at Bradford, Birmingham and Sheffield as a result of which a scheme was drawn up and passed by the Committee. The new clinic was opened in October in rooms above some offices in Jameson Street. The actual site is now the offices of the Hull Daily Mail. There were an office waiting room (first floor), Medical Officer's room with ophthalmic apparatus, dentist's room, small recovery room and nurse's treatment room (second floor), the staircase being shared with the offices below. Minor ailments, special inspections, re-inspections and dental treatment were now centralised at the clinic. Many otorrhœa and ringworm cases were treated. In 1915 work increased and "owing to complaints of disorder in the waiting room it was found needful to have a male attendant on the premises and a soldier who had been wounded in Flanders was appointed." In 1916 the rise in prices of drugs caused difficulty in keeping within the estimates.

In 1918 the "limit of possible work in present premises" was reached. A new clinic was proposed in 1919 and the West Branch Clinic was opened in June, 1920, in its present premises, a converted private house in Coltman Street. It had a waiting room, treatment room, office (ground floor), dental room, recovery room and Medical Officer's room (second floor) with a resident caretaker who apparently lived in what seems now to be an uninhabitable basement.

In 1921, the lease of the original clinic having expired, the Central Clinic, still in use in 1957, was opened in a converted private house at 74 Beverley Road and the Jameson Street premises were abandoned on August 12th. There were 3 offices, treatment room and waiting room on the ground floor, waiting room, ophthalmic room and P.S.M.O.'s room on the first floor, and 2 dental rooms and a recovery room on the second floor, also a "coach-house for prams and a harness room adapted for swabbing." In this year we read that children requiring hospital treatment were up to then expected to get a hospital subscribers' recommendation before admission to certain hospitals. Apparently, people were still accustomed to accepting difficulty in obtaining hospital treatment as a normal thing.

Secondary school pupils were, in 1922, allowed for the first time to attend the clinics, but only for eye examinations, and even then only if proof was available that they could not get private treatment. Payment was then required in dental cases.

The need for a clinic in the east part of the town was raised in 1925. The ultra violet light facilities at the Health Department's clinic were made available to school children. The East Branch Clinic was opened on the premises of Blenkin Street School on 2nd May, 1927, pending a scheme for a larger clinic. The Blenkin Street Clinic and School were later to disappear as a result of enemy action in 1940.

In 1929 the present East Hull Clinic was opened with all facilities for School Health and Maternity and Child Welfare including X-rays and physiotherapy. This was the first real clinic building.

Small treatment clinics with an occasional Medical Officer's session were opened in 1932 to serve the north part of the town which was extending rapidly. These were at Hall Road and Endike Lane West (now 21st Avenue) Schools. In 1935 there was "considerable progress" in building the present North Hull Clinic and in 1936 when it opened Hall Road and Endike Lane West Clinics were closed. This clinic was the second real clinic building and was fully equipped for all School Health and Maternity and Child Welfare work.

1938 saw the Board of Education Inspection condemning West Branch and Central premises as needing "urgent replacement" being "insufficient and unsuitable." (They are still in use in 1957).

In 1940 at Ainthorpe Grove School and in 1942 at Hopewell Road School small regular treatment and occasional inspection clinics were opened to minimise journeys to the larger clinics under war conditions. They still remain open in 1957 and appear to give useful service to the nearby schools.

In 1946 all treatment and inspection, medical or dental, and all appliances and spectacles became free of charge.

Ringworm of the Scalp.

This was a great problem from the early years. Truants were noted as "seeking infection by rubbing heads with known cases." The numbers were continuously high till the introduction of X-ray treatment in 1928, 2 radiologists having been appointed to supervise it and the X-ray apparatus purchased at the end of 1927. By 1930 the treatment was being extended to East Riding and Beverley cases. The apparatus became obsolete and was unserviceable in the latter part of the 1939-45 war period. As the hospitals did not then provide the treatment older treatments were, no doubt, used. New apparatus was not provided after the war, because cases were so few and the Hull Royal Infirmary was by then able to deal with them. Now the few cases found are referred promptly to the Skin Specialist at the Hull Royal Infirmary and not re-admitted to school until he certifies freedom from infection.

Ringworm of scalp shewing decline in numbers from 1928 when X-ray treatment was begun.

1908 —	1909 —	1910 517	1911 594	1912 721	1913 700	1914 268	1915 794	1916 627	1917 582
1918 790	1919 668	1920 723	1921 708	1922 743	1923 593	1924 503	1925 377	1926 447	1927 440
1928 347	1929 216	1930 82	1931 79	1932 54	1933 40	1934 32	1935 50	1936 30	1937 30
1938 16	1939 11	1940 —	1941 —	1942 —	1943 —	1944 —	1945 —	1946 —	1947 51
1948 66	1949 25	1950 33	1951 20	1952 23	1953 5	1954 3	1955 7	1956 4	1957 3

Note : Rise after 1939-45 war period when X-ray treatment was again unavailable.

Louse Infestation (Head).

Numbers were found to be high from the beginning, the girls greatly exceeding the boys. The Principal School Medical Officer was so disturbed at the number revealed that in 1909 he recommended the Committee to set aside a small

number of schools and to compel persistently lousy children to attend there. In this way he hoped to localise the problem so that the nurses could concentrate on treatment at these few schools. The Town Clerk advised that there was no legal power to do this. In 1910 the P.S.M.O. regretted that parents would not cut girls' hair short which would "rapidly reduce the numbers of verminous heads to numbers comparable with those occurring among the boys."

Nurses followed up cases found at medical inspection in 1908 ; but from 1915 onwards they were holding frequent "cleanliness" inspections in the schools as well. "Cleanliness visitors," i.e. individuals who do not have a nursing qualification but are trained by the school nurses in this respect, have helped the nurses since 1925.

Public attitude is well shewn by the fact that as late as 1918, when influenza was epidemic, "nurses were directed to send to the cleansing centre cases of pediculosis and dirt of the body only until the subsidence of the epidemic" in case the illness should be attributed to cleansing of the head. There was indeed much resistance from the parents and many required to be prosecuted.

Cases of louse infestation found at medical inspection 1908-1926
(percentages of children examined)

1908 13.9	1909 16.1	1910 17.5	1911 15.3	1912 15.8	1913 15.1	1914 13.7	1915 16.4	1916 11.5	1917 8.7
1918 9.8	1919 7.5	1920 6.4	1921 6.4	1922 5.1	1923 5.1	1924 4.8	1925 5.2	1926 3.0	

Cases found by frequent nurses' inspections 1927-1956
(percentages of children in maintained schools)

1927 7.3	1928 13.8	1929 14.2	1930 12.2	1931 12.4	1932 10.9	1933 12.3	1934 10.9	1935 12.0	1936 12.6
1937 14.8	1938 14.5	1939 13.1	1940 36.3	1941 29.1	1942 28.0	1943 24.7	1944 16.8	1945 13.3	1946 10.6
1947 15.8	1948 16.5	1949 12.8	1950 12.7	1951 9.7	1952 9.8	1953 6.5	1954 8.4	1955 11.2	1956 10.5
									1957 8.4

Note : (1) Marked rise when children returned irregularly from evacuation in 1940-43.

(2) Higher figures obtained from nurses more frequent inspections than from routine medical inspections.

There can be no doubt that without the continuous efforts of the school nurses the numbers would be far greater. It is, however, depressing to note that in 1957 every twelfth child had an occasional louse. The recent figures include, of course, every child with a single louse or egg ; but it is very doubtful whether the earlier figures would include the slighter infestations for staff and time did not then permit very frequent examinations.

Girls were always worse than boys. From 1908 to 1920 ten times as many and from 1921 to 1926 twenty to fifty times as many girls as boys were found infested. This is still the case in 1957 (Boys to Girls as 1 to 3.5).

Louse Infestation (Body).

Body lice were never as frequent as head lice and the numbers were more or less equal in the sexes. In this case numbers have dropped as in the table.

Numbers of children with body lice found at medical inspections.

1909 101	1910 90	1911 45	1912 35	1913 29	1914 42	1915 17	1916 76	1919 34	1920 44	1922 8	1923 5
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Since 1923 body lice have rarely been seen by the nurses and there were none at all in 1956 and 1957.

Scabies.

Numbers rose from 379 in 1912 to 1,442 in 1918 and then dropped steadily to 97 in 1925. They rose slowly to 953 in 1938. Since then there was a steady decline to 27 in 1951 but a slow rise to 38 in 1953 and 84 in 1956. There is reason to believe that comparatively serious cases only were recorded in earlier years. The disease has ceased to be a problem of treatment since benzyl benzoate was introduced in 1940.

Impetigo.

Numbers have ranged from 629 in 1916 rising slowly to 4,345 in 1931 and falling to 388 in 1950. Since then a rise has occurred. There have been 800-1,000 cases yearly in recent years. Most of the present cases are slight and would probably have been unrecorded in earlier years. There is no evidence that this infection is less common now than in 1908 ; but beyond doubt it is treated and cured in its earlier stages in nearly all cases.

Vision.

From 1908 to 1915 the P.S.M.O. examined children and advised whether lenses should be provided ; but they were referred to hospitals or private practitioners for the actual prescriptions. In 1916, owing to congestion of hospitals under the war-time conditions, the Local Education Authority for the first time authorised the P.S.M.O. to prescribe lenses. From that time on the School Health Service has continued to do so. A part-time Ophthalmic Specialist was appointed in 1918 though School Medical Officers continued to do a lot of the work until 1946 when a whole-time Ophthamologist was appointed. Financial responsibility for this specialist was assumed by the Regional Hospital Board in 1948. From 1911 parents could obtain the lenses at a reduced contract rate from a certain dispensing optician (2/6d. to 5/6d. per pair in 1911, later reduced to 1/- to 2/-). Payment could be made by small instalments but glasses were not supplied till **after** payment was complete ! Frequently the child waited till the prescription needed changing without obtaining the glasses. In 1918 the Committee decided to pay for the lenses if the parent had not done so after a delay of three months and then proceed against the parent for the money except in necessitous cases. Not till 1929 was there an arrangement whereby the child could have lenses **at once** and the parent pay the instalments afterwards. Glasses were supplied free from 1946.

In 1947 and 1948 efforts were unsuccessfully made to obtain an Orthoptist and it was left to the Regional Hospital Board to appoint one in 1950. She worked in the school clinic till 1955 since when she has been provided with rooms at the Victoria Hospital for Sick Children.

Dental.

From 1908 to 1913 continual mention is made of the large number of children needing dental treatment, obvious on casual inspection of the mouth. There was total "absence of evidence of conservative dentistry" and it was "impossible to obtain treatment in most cases." In 1914 the first whole-time dentist was appointed, a man who was to serve the Local Education Authority continuously till retirement in 1946. He was called up in 1915 for commissioned service in a combatant unit ! Fortunately another was appointed after a lapse of only eight weeks. Dental inspections in schools were commenced but they covered the six-plus age group only. They revealed an even worse position than had been found at the casual mouth examinations by the Medical Officers. In 1915 complaint was made of the poor response of many parents to offers of conservative work. It is interesting to note that from 1915 onwards there was periodic complaint from the Dental Officers that they were anxious to embark upon orthodontic work but could not spare the time.

In 1922 we read that "after mature consideration and a lengthy trial the use of general anaesthetics has been completely abandoned in our work ; local anaesthesia, fulfilling satisfactorily our requirements, has been used in all cases where necessary." Apparently general anaesthesia remained abandoned till 1928 when it was re-introduced as abruptly and with as much confidence in its necessity as had previously been the reverse. Since then it has been regarded as essential. One scents here the influence of certain masterful individuals.

Payment (6d. for an inspection and 1/- for a complete treatment) was introduced in 1923 and continued with no change in rate till 1946 when all treatment became free. For some reason this was the only instance where the Local Education Authority ever made a charge for medical or dental treatment (apart from appliances) at its clinics. One wonders why dental treatment alone should be singled out.

By 1927 inspections were done annually on age groups, five plus, six plus seven plus and eight plus. From the same year casual attenders for extractions were apparently refused treatment, it being argued that the service was a preventive one by appointment only. It is stated that parents shewed no opposition to this policy which was continued for some years. In 1935 casuals were "almost absent." Presumably there were other dentists in the town who made their living by extractions.

When the first Dental Officer returned from service as a combatant officer in 1919 the establishment was 2. This rose to 3 in 1925, 4 in 1927, 6 in 1929, 7 in 1935. A number were absent during the 1939-45 war. In 1946 a Principal School Dental Officer was appointed for the first time ; he had 5 assistants. In 1947 he had 6 assistants. From then on the numbers dropped by reason of lack of applicants. The P.S.D.O.'s reports all cry "woe woe" and repeat emphatically each time that the drop will continue unless conditions of service are made as attractive as those of the new National Health Service. "Unless steps are taken to raise the status of Dental Officers to a level corresponding with that of colleagues in other branches of dentistry there is every possibility of complete collapse." Repeated advertisements were ineffective. In 1948 there were 4 Assistant Dental Officers ; in 1949 only 2 in which year the P.S.D.O. himself gave notice. (At this point the Committee approved an increase in the establishment to 9 Dental Officers inclusive of the P.S.D.O. !) In 1950, the P.S.D.O. having transferred to a post under a Regional Hospital Board, there were only 2. A new P.S.D.O. was not appointed till 1954 making a total of 3. 3 remained till, 1 resigning in 1956 and 1 in 1957, the P.S.D.O. was left single handed except for limited assistance from part-time staff. Part-time staff do not seem to have been employed before 1953 ; but from then a constantly changing number have

been used when available and willing. They have never amounted in total to the equivalent in sessions of 2 whole-time Dental Officers. A Dental Hygienist was appointed in 1956. As can be imagined the service has latterly been reduced to what can be done with a small staff. Mainly owing to the enthusiasm of the P.S. D.O. a certain amount of time has been consistently earmarked for orthodontic work. Inspections in schools are occasional and exploratory rather than routine.

In 1936 dental inspection was extended to secondary schools and regular visits began to be paid to treat patients in Cottingham Sanatorium. Various improvements were made in the surgeries in 1946, 1947 and 1948 in which year an X-ray apparatus was installed at the Central Clinic. In the same year inspection was extended to the Occupation Centre and the previous occasional service to children under 5 and expectant mothers was regularised and extended. The previous policy of not treating casual cases seems by then to have been reversed for "advantage is taken of the fact that in the School Dental Service cases of toothache are offered treatment on the day of application." In 1949 the visits to the Cottingham Sanatorium were abandoned. Inspections in schools were carried out irregularly and infrequently after 1950.

Improved facilities have been provided since 1953 when new shadowless lamps were obtained and an arrangement made for provision of dentures and orthodontic apparatus by a local firm of dental mechanics to the instructions of our Dental Officers. All anæsthetic machines were replaced in 1954, and in 1956 surgeries were brought entirely up to date with new dental units, cabinets and other furniture. At the end of 1957 we lack only the essential "human material."

Orthopædic.

We first read of orthopædic treatment in 1922 when corrective apparatus was being prescribed by School Medical Officers and paid for by the parents on an instalment plan. "Crutches and an artificial leg were made at Brunswick Avenue Manual Training Centre" where again a peg-leg was made in 1923. An orthopædic clinic was commenced under a part-time orthopædic surgeon at Central Clinic in August, 1927, and almost at once there was a serious outbreak of 100 cases of poliomyelitis. Cases were seen by the surgeon in the City Isolation Hospital and conveyed on the day of discharge to the Park Avenue Special School where splints were applied and appointments made for follow-up at the clinic. Apparently there was no provision at the hospital for plaster and splints.

A second part-time orthopædic surgeon was appointed in 1928 and we read that a voluntary worker of the "Guild of Brave Poor Things" attended the sessions to help with provision of apparatus. In 1929 an orthopædic clinic run

by the Health Department in the new East Hull premises was made available for school cases. In 1936 sessions were started at the new North Hull Clinic. Physiotherapists were employed ; but in the early years the actual number is obscured by being grouped with " orthopædic nurses ." However there were 6 physiotherapists employed, some in the Park Avenue Special School, by 1939. A severe shortage occurred during the late war, there being only one left in 1946. Another was appointed in 1947 ; but, with the retirement of one in 1956 after a year of absence through sickness, we have only one assisted by a few sessions from a part-time one. In 1957 these are mainly employed at the Park Avenue Special School, a mere skeleton service being worked at the clinics.

Appliances have been supplied free by the Regional Hospital Board since 1948.

There has been a progressive decline in the numbers of cases of bone and joint tuberculosis under treatment over the 50 years. Numbers recorded at routine inspections varied from 32 to 69 from 1908 to 1923 falling to 13 in 1928. The following table shews cases referred for treatment since that year :—

1928 = 13	1929 = 9	1930 = 4	1931 = 8	1932 = 16	1933 = 2	1934 = 4	1935 = 6
1936 = 2	1937 = 0	1938 = 1	1939 = 1	1946 = 1	1947 = 0	1948 = 0	1949 = 6
1950 = 2	1951 = 2	1952 = 1	1953 = 0	1954 = 0	1955 = 0	1956 = 0	1957 = 0

Ear, Nose and Throat.

Running ears were very prevalent from 1908 and were treated in large numbers at the clinics from their inception. Not until 1927, however, were two part-time otologists appointed. Since then the closest co-operation has existed with the hospitals through the two surgeons. A pure tone audiometer has been used since 1947 and hearing aids have been supplied through the National Health Service since 1949. Owing to modern treatment of otitis media, severe deafness due to this cause is now as infrequent as it was common in 1908.

Rheumatism and Heart.

In 1930 a clinic under a part-time consultant cardiologist was started at the Central Clinic and it rapidly became a success, being during the prewar years a centre of research. When the Regional Hospital Board opened a Cardiac Unit at the Kingston General Hospital nearby in 1950 the main investigation and research activities of the school cardiac clinic were superseded. Now it functions as a preliminary diagnostic centre, cases of confirmed heart disease being transferred to the hospital Cardiac Unit, which supplies the School Health Service with regular reports.

From 1908 to 1929, numerous undifferentiated heart lesions were noted at medical inspections with a marked decreasing trend from 270-290 in 1908-1914 down to 90-100 in 1925-1929. The following table shews the continued drop in cases of confirmed rheumatic carditis found at the cardiac clinic :—

Rheumatic carditis found at Heart Clinic (Nos. per Year)

1930 53	1931 59	1932 59	1933 29	1934 25	1935 17	1936 26	1937 24	1938 21	1939 9	1946 10
1947 14	1948 13	1949 12	1950 2	1951 4	1952 6	1953 1	1954 3	1955 4	1956 1	1957 0

Pædiatric and Cerebral Palsy

In 1947, a part-time consultant pædiatrician on the staff of the Victoria Hospital for Sick Children was appointed to hold sessions at school clinics. These have now become a regular part of the service and form a close link with the hospital pædiatric arrangements. In 1952, he began to hold, on the premises of the Park Avenue (P.H.) School, an out-patient clinic for cerebral palsy patients too young to commence attendance at the school. This has now become the main centre for cerebral palsy in the City. The children of pre-school age also attend by appointment as often as necessary for treatment by physiotherapists and speech therapists at the school and, if unfit for ordinary schools, are admitted to the school when of age.

Speech Therapy

Speech defects were noted at medical inspections from 1908 onwards and in 1914 a pamphlet of instructions on helping stammerers was issued by the P.S.M.O. to teachers. This was based on one by Dr. Foggin, P.S.M.O. of Newcastle upon Tyne. After several advertisements each year from 1945-1947 with no response, a speech therapist was appointed in 1948. Numbers under treatment rapidly built up and a second therapist was appointed in 1953. Two rooms were in use at the Central Clinic from 1948 and another from 1953 at the Kingston College Clinic which also houses the Child Guidance Clinic. A tape recorder was provided in 1952 and has proved very helpful. An interesting experiment in 1956 was the fitting of some obsolete telephone equipment at nominal cost between the two rooms in use at Central Clinic. Nervous children are reported to enjoy their "private conversations" on this domestic line and to become able to relax and co-operate with the therapist. Sessions have been held at the Park Avenue (P.H.) School since 1952.

Chiropody

Part-time chiropodists have attended at all four clinics since 1951 and surveys have from time to time been conducted at schools.

Child Guidance

In 1909, 0.2% of children were recorded as shewing " various forms of mental perturbation, dullness, excitability or nervousness " and similar findings are reported each year ; but it was not until 1933 that a serious recommendation for treatment facilities was made. By 1937, the Senior School Medical Officer was devoting a lot of his time to such cases referred by the Courts or by teachers and he complained of insufficient time to carry out proper investigations. The matter was taken up by the Committee after the war. After the appointment of a psychiatrist who resigned before commencing duty in 1946, no further applicants appeared until 1948 when the present psychiatrist, since 1954 an officer of the Regional Hospital Board, was appointed. He opened a " clinic " in a small room in the School Health central offices and for five years managed somehow to carry on with no real facilities for this work at all. At first, he worked single-handed, apart from the help of the School Nurses who made home visits and reports. In 1949, an Educational Psychologist arrived and in 1950, a Social Worker was appointed, in each case after numerous advertisements. Not till 1953 were the Kingston College Child Guidance Clinic premises available and the team of workers able to shew what they could do. Here, there were 3 clinical, 1 play, 1 aggression, clerk's and waiting rooms. Room for free activity and group therapy existed and now such methods were quickly in use. There was a very considerable drop in the waiting list within months ; from 150 it was down to 49 by the end of 1954. With the addition of a second Educational Psychologist and a second Social Worker in 1955, the provision seems adequate and cases do not now wait longer than a matter of weeks. Separate rooms for the latter 2 workers have been added.

SPECIAL EDUCATIONAL TREATMENT

Sutton School for the Deaf

This school had its origins in voluntary effort and was run by the Deaf and Dumb Institution before being taken over by the School Board in 1894. In 1908 it was in the Osborne Street School premises. We read little of it in the reports in early years except that from 1913 onwards the numbers of pupils in attendance are stated. These are of interest in shewing that from 1913 at any rate the provision was reasonably adequate, the numbers in the school being equal to or only a little below the total numbers known to be deaf. Compare this with the position regarding blind children.

**Children known to be in need of deaf education with (in brackets) numbers
in the Schools for the Deaf**

1913 36(34)	1914 36(35)	1915 —(37)	1916 —(40)	1917 41(41)	1918 46(46)	1919 43(43)	1920 46(46)	1921 46(46)	1922 48(48)	1923 60(50)	1924 54(54)
1925 56(55)	1926 51(51)	1927 51(50)	1928 56(52)	1929 53(48)	1930 49(48)	1931 43(43)	1932 39(38)	1933 38(36)	1934 40(40)	1935 38(37)	1936 37(37)
1937 34(34)	1938 31(31)	1946 32(30)	1949 33(32)	1950 34(33)	1951 35(35)	1952 44(44)	1953 45(44)	1954 46(46)	1955 48(48)	1956 48(48)	1957 47(45)

In 1927 the newly appointed aural surgeon commenced regular visits which have continued ever since. In 1934 a group amplifying apparatus with multiple earphones and microphones was installed. In 1936 the school removed to more roomy premises in a former elementary school building at Sutton in rural surroundings on the edge of the city area. Marked shortage of specialist teachers was experienced in 1947 but the position has since improved.

Young Deaf Children

In 1955 efforts were made to start a clinic and home teaching service for young deaf children not yet fit to commence attendance at school. The original intention was that teachers from the Sutton School for the Deaf should do this. Very little was done owing to lack of teachers' time. In 1956, however, the Committee approved the appointment of a special teacher for this work alone. She was appointed in 1957 and is to commence duty in January, 1958.

Partially Deaf

Arrangements were made in 1933 for a special class for partially deaf children to be held in association with an ordinary school; but the plan was abandoned because only a few parents would consent to their children's attending. The matter was reopened in 1956 and a remedial class for such children was started. It is conducted by the teachers of the Sutton School for the Deaf in rooms of the College of Commerce on Saturday mornings. The children continue to attend ordinary schools, using hearing aids where necessary, while receiving remedial tuition including lip reading and speech at the special class. So far the scheme seems successful and the parents co-operative.

Northumberland Avenue (E.S.N.) School

The first day school for mentally defective pupils was started in the Blenkin Street premises as Blenkin Street Special School in 1907. There were 95 on roll in 1910. In 1913 the school was re-named Malton Street Special School; it was, in fact, in that part of the buildings of Blenkin Street School which opened into

the next (Malton) Street. Baths are noted as having been installed at the school in 1925 ; and again new baths were installed in 1931 but not, for some reason, in use until 1933. At this date the P.S.M.O. complains of poor facilities for practical work, shoemaking instruction being given but no domestic science training. In 1936 shoe repairing was discontinued because to that date; no old pupil had ever obtained employment in that craft. In 1937 the P.S.M.O. remarks that the benefits of the school " would be greatly enhanced for these children if the school were on a large site with modern playing fields, if the classrooms were of the modern open air type and if the buildings were equipped with modern sanitary conveniences, hot water supply (How did the baths mentioned above function ?), medical inspection rooms and facilities for indoor assembly, physical training, handicrafts, dramatic work, etc." By 1937 the numbers on roll had increased to 149.

During the late war the school was closed to open again after the war in some old school premises at the northern end of Northumberland Avenue.

Mental Defect

Examinations for mental deficiency were conducted by Dr. Fraser as part time Medical Officer from 1888 and as P.S.M.O. from 1908. In the early years these examinations led to exclusion from school of ineducable children and from 1907, when Blenkin Street Special School opened, also to admission to that school of educable feeble-minded children. At that time the P.S.M.O. was concerned about the lack of any statutory care, as we now know it, for mental defectives leaving special schools or excluded from them as ineducable. This lack was partly met by the 1913 M.D. Act and in 1914 there was much activity, re-examining all children known to be mentally retarded and excluded from school in order formally to report them to the new Local M.D. Authority. In 1915, the use of Binet-Simon tests is first mentioned. They may, of course, have been in use by then for a year or two ; but it is interesting to recall that Dr. Fraser was one whose whole experience had been gained well back in an era before standardised tests had existed. Mental age and I.Q. were then very new concepts.

In 1921, Dr. Fraser discusses at some length the phenomenon of arrest of mental development in certain pupils in the special school and the bad prognosis for future employability. This phenomenon is, of course, quite a common one, though in 1957 it is only just becoming generally recognised.

Dull and Backward

During the years 1924 to 1935, " Craft Classes " were established, at first in 2 schools and by 1931 in 7 schools. They were reduced to 3 in 1933 before ceasing in 1935. These were intended to give training with a practical bias to

pupils of low intelligence, but not of special school level. Educational opinion was stated to be against them when they were discontinued. The problem of dull and backward pupils remains with us, however, and is tackled in 1957 by a system of peripatetic teachers who give special coaching in the basic subjects, the pupils otherwise remaining in ordinary classes.

Park Avenue (P.H.) School

In 1913, various cripples were noted as attending ordinary schools with or without crutches including 7 in wheel chairs ; certain special desks and chairs were provided. In 1918 an estimate was made of 46 crippled children requiring special schooling of whom 22 were fit for a day school and 24 required a residential school. In 1919 a plan was announced for a cripple school in the Park Avenue premises to be vacated in that year by closure of the Girls' Industrial School. The school was conceived of at that time as mainly residential. From the reports we see that the reason for this was that there was as yet no adequate hospital provision for long-term orthopædic cases such as poliomyelitis. In succeeding years it becomes obvious that from the beginning the orthopædic surgeon regarded the school as a long term hospital annexe. His ultimate aim was to use it in this way for children of all ages. The criterion of admission for some years was suitability for treatment. Children were discharged when treatment was completed or if treatment was refused without regard to educational criteria.

The school opened in August, 1920. The visiting surgeon appointed at the start died in the November and another was obtained fairly soon. The latter, Mr. Bertram Blair, was to serve in this capacity until 1949. There were only two visiting teachers. The Superintendent was a nurse, with 2 nurses, 1 woman attendant and 5 domestics to assist. There were 18 resident and 55 day pupils conveyed by 2 motor cars, by a wagonette and some by tram. There was a " schoolroom " and a " classroom," a girls' dormitory for 12, a boys' dormitory for 6, a treatment room with electrical and other apparatus, a dining room, a manual instruction room, 2 isolation rooms and residential staff accommodation. Plasters were applied and splints and apparatus provided. Cases were confined to bed for long-term treatment.

In 1922, the Superintendent Nurse was sent by the Committee to the Lord Mayor Trelora Hospital, Alton, Hants., to study the making of celluloid jackets and splints. She apparently came back expert in this and for some years cases were sent from the hospitals to the school for these splints to be provided.

In 1923, the surgeon wished the school to be re-named "Park Avenue Orthopædic Hospital School." In 1924 a new plaster room was provided. In 1925 a further "ward" of 6 beds was added. The surgeon wished to admit children down to age 2, but the Committee agreed only to lower the admission age, previously 7, to 5. A request for the addition of an operating theatre was turned down. Tailoring instruction, commenced in 1922, was now abandoned and shoe repairing started.

In 1926 the staff was making plaster splints and jackets for patients in Cottingham Sanatorium, the patients being transported to the school and staying the "few hours necessary." In 1927, omnibuses from the Corporation Transport Department took over the conveying of the day pupils previously done by a motley group of "cabs and even commercial vans." Plaster splints continued to be made for cases in hospital with poliomyelitis during the current epidemic.

In 1928, signs of a change in policy appeared. There was a plan to discontinue the residential part of the school and to start an orthopædic hospital in the grounds of Cottingham Sanatorium. An open air class for 30 children was started in the grounds behind the school. In 1929 another such class was started, making accommodation for 60 delicate pupils. Both these were closed in 1931 and the pupils transferred to the newly opened Cottingham Road Open Air School.

In 1934, the residential part of the school was closed. The accommodation, previously for 55 day, and 18 resident, pupils, now became 128 day pupils and the school assumed a form similar to that which it has now in 1957, namely a typical day school for physically handicapped pupils with physiotherapy and speech therapy on the premises. But it is apparent from the story that the school might very easily have developed in the direction of an orthopædic hospital school, with extinction of its day pupil side. Had this happened, it would, no doubt, have been taken over by the Regional Hospital Board in 1948 and the physically handicapped children of Kingston upon Hull would perhaps still be waiting for day school provision.

The orthopædic surgeon still attends regularly at the school and prescribes apparatus where necessary. Since 1952 the Pædiatrician has also attended and held out-patient sessions at which cerebral palsy cases of pre-school age are seen. These pre-school children attend by appointment for physiotherapy and speech therapy and, if unfit for ordinary schools, are admitted to the school when of age. There has been a continuous drop in the number of children requiring to attend this school until in 1957 there were only 61 pupils. The drop has been among cases of acquired disease, particularly osteomyelitis and bone tuberculosis. The

majority of the pupils now have disorders of congenital origin, many having cerebral palsy. A point of interest is that, in the early years of the school, cerebral palsy and poliomyelitis are merged in the term "infantile paralysis" and it is not possible until later to compare numbers of these cases. In these early reports, we are, of course, getting back to a time when poliomyelitis was only recently recognised as an acute infectious disease, a really separate clinical entity.

Cottingham Road (Open Air) School

"A site for an open air school was obtained and a plan of construction under consideration" in 1912 and in 1914 the P.S.M.O. visited such schools at Bradford, Birmingham, Kettering and Sheffield, and reported with plans. A site on the Hesse Road was suggested. In 1919 a plan for a camp school at Patrington was put forward, part to be run as a residential open air school, but it was abandoned on grounds of cost. In 1922, open air classes were run in the garden behind the West Branch Clinic. More plans were prepared but held over on account of cost; apparently the site was that of the present Hull University. The University took it over in 1926. In 1928 and 1929, open air classes for first 30, and then 60, children were held in the grounds behind Park Avenue (P.H.) School. These pupils formed the cadre for the new Cottingham Road (Open Air) School and were transferred to it when it opened in April, 1931, the open air classes being discontinued. 303 pupils were in attendance by the end of 1931. The list of cases comprised malnutrition, debility, arrested tubercle, active non-infective pulmonary tubercle, tuberculous glands and abdominal tubercle, but, surprising to us now, no asthma and no bronchitis. Indeed asthma is not listed at all for many years. Of course there must have been such cases and it seems probable that they were merged with malnutrition or debility—the prevailing concern with malnutrition obscuring the, at that time, lesser disorder.

The school had been in the first instance very well fitted out as regards buildings and space. There was an administration block with a large medical inspection room, large rest sheds for boys and girls respectively, large dining shed and seven "bandstand" classrooms with playground, pupils' garden and caretakers' house. The classrooms, dining room and rest sheds, however, were open on all sides with only canvas screens for emergency use; there was no artificial lighting in them and no heating of any sort. There was a 600 yard walk up the drive from the road where the buses stopped.

Complaints about transport difficulties and parental refusal to allow children to attend appeared in 1935. The canvas screens were noted as insufficient in very bad weather. An appeal was made for glass windows to be fitted at least in the dining hall, in order that the children could be congregated there in the worst weather.

The dining hall did acquire its glass window screens and electric lighting in 1938, but further improvements were stopped in 1939. The wire fence was removed for salvage during the war and in 1946 we find the teachers anxious because of a nearby land drain. Not till 1953 did circumstances permit these difficulties to be taken up again. Since then the classrooms have acquired glass screens for the windows ; lighting and heating have been installed and the walk from the road has been much shortened by a new path to Inglemire Lane. The Transport Department has co-operated by diverting the bus along Inglemire Lane at the time pupils are arriving and departing from school, so that they may alight at the end of the new path.

Transport still remains a key problem, for many parents in distant parts of the city consider that the journey, often with a change of buses, is too much for ailing young children especially in winter weather. Of course, these are the very cases which ought to have priority in attendance.

Wold Road (Partially Sighted) School

In 1910 we read that classes were recommended for pupils with poor vision. In 1912 we learn that the idea was dropped on account of the distances which would have to be travelled by the few pupils attending such classes. Continual criticism of the poor lighting in ordinary schools appears and in 1913 and 1914 the P.S.M.O. shewed figures suggesting that certain old school buildings were actually causing myopia or squint. In 1924 a strong recommendation was made for a "sight saving" class or school and in 1928 such a class was started for 23 pupils in Osborne Street, i.e. in association with the School for the Deaf. The teacher was sent to Sheffield and Bradford to study the methods used there. The age range was 9-13 only. Several children attending in that year had never been to school before and there were enough cases waiting to fill 4 such classes.

Another class was started at Lambert Street in 1929 making a combined total of 44 pupils. The Committee did not proceed on a recommendation for a third class because of difficulty in persuading parents to allow children to travel. After all, these pupils could hardly see and travelling was, to say the least, a hazard. The P.S.M.O. recommended moving the classes into "good areas and modern schools with good facilities as regards natural and artificial lighting." Apparently the idea of several small classes in different parts of the town was firmly held and the idea of segregation in a school for partially sighted pupils frowned upon.

When the war was over and things settled down, we find that the two classes had been rehoused in Eastfield Road and 21st Avenue Schools, considerably more open air sites than the pre-war ones. The idea of a special school had now become generally accepted with the advantages of larger numbers and better educational classification. So in 1953 the two classes were combined to form a single school of 35 pupils in hatted accommodation in the grounds adjacent to Wold Road Primary School. The buildings are fair, as huts go, and the necessary equipment and lighting is provided. It cannot be denied, however, that it is only a matter of time before the school stakes its claim for a modern building with more complete facilities for pupils and staff.

Aldwark Manor Residential (E.S.N.) School

The need for a residential E.S.N. school was mentioned in 1947 and was opened in 1954 for 58 boys in a converted manor house near the north bank of the river Ouse some 12 miles north-west of York. Only 10-12 places are used by Kingston upon Hull boys.

Blind

From before the beginning of the century blind children were sent to residential schools in Sheffield and York. The table below shews the numbers known to need blind schooling and (in brackets) the numbers actually in blind schools. It is evident that the provision was very inadequate in the early years.

1913 28(8)	1914 44(7)	1915 —(8)	1916 —(8)	1917 31(10)	1918 15(10)	1919 18(12)	1920 20(14)	1921 23(14)	1922 17(10)	1923 19(11)	1924 19(12)
1925 18(10)	1926 17(9)	1927 14(7)	1928 14(7)	1929 13(9)	1930 14(10)	1931 12(10)	1932 15(12)	1933 18(16)	1934 17(16)	1935 18(17)	1936 17(15)
1937 10(10)	1938 9(9)	1946 9(9)	1949 4(4)	1950 3(2)	1951 5(3)	1952 6(6)	1953 8(8)	1954 7(7)	1955 9(8)	1956 10(8)	1957 12(10)

Hospital Schooling

Hospital teaching was first reorted in 1919 when teachers, themselves in the sanatorium at Cottingham for treatment, gave lessons to the child inmates. The Education Committee provided the teaching materials. Presumably the teachers were receiving sick pay at the time. This arrangement continued and in 1927 is referred to as a regular "Sanatorium School for 50-60 patients." In 1936 teaching of long term orthopaedic cases at Beverley Road (now Kingston General

Hospital began. In 1947 we read that teaching at Cottingham Sanatorium stopped on account of lack of staff. Now, since 1948, teaching is provided at all the hospitals in the Kingston upon Hull area which admit child patients, the number of teachers being based on the average number of children under hospital treatment. Occasionally a child is admitted to a hospital not normally taking children, in which case teaching by one of the home teaching staff is arranged on application.

NURSERY SCHOOLS AND CLASSES

In 1931 there were 5, in 1935 there were 9, in 1936 there were 11 and in 1938 there were 13 nursery classes, the number of children rising from 143 in 1931 to 390 in 1938. In that year the building of the completely equipped McMillan Nursery School started in North Hull. A second Nursery School was opened in 1948 on the lower floor of the Northumberland Avenue premises which house the Northumberland Avenue (E.S.N.) School on the upper floor. There are now these two schools (135 pupils) and 12 classes (360 pupils).

INFECTIONS AND MORTALITY

The mortality among school children has fallen continuously. The main reduction has been in infectious and inflammatory disorders which comprised 136 of the 168 deaths in 1908 and only 8 of the 23 deaths in 1956.

Epidemics of diphtheria are frequently mentioned in early years requiring mass exclusions and school closure. In 1913 conjunctivitis involved 115 children. Two severe epidemics of influenza occurred in 1918 in June-July and October-November followed by a milder one in the spring of 1919. One of encephalitis lethargica occurred in 1924.

As a result apparently of the immunisation campaign in the 1939-45 war years and after, diphtheria has been reduced to negligible proportions. No school children have died of diphtheria since 1945.

1954 saw the introduction of B.C.G. vaccination against tuberculosis and 1956 anti-poliomyelitis vaccination.

Diphtheria**Notifications and deaths in brackets (school children)**

1908 242(18)	1909 234(20)	1910 239(16)	1911 217(5)	1912 168(6)	1913 255(16)	1914 249(25)	1919 296(16)	1926 462(13)	1927 469(16)
1928 415(11)	1929 554(12)	1930 525(19)	1931 717(51)	1932 985(74)	1933 887(38)	1934 648(38)	1935 568(9)	1936 657(63)	1937 508(30)
1938 416(23)	1939 307(13)	1940 —(8)	1941 —(6)	1942 —(5)	1943 —(4)	1944 —(1)	1945 137(1)	1946 104(0)	1947 33(0)
1948 31(0)	1949 17(0)	1950 8(0)	1951 2(0)	1952 3(0)	1953 2(0)	1954 9(0)	1955 19(0)	1956 19(0)	1957 6(0)

CONCLUSION

We return these dusty reports to the cupboard and turn to the task of constructing another one for the year past. Certain impressions are left with us. Those recent proposals which we thought so new, were they not made time and again in one form or another from the early years? Those new facilities, were they not really the end product of years of effort on the part of those before us? Those admittedly satisfactory returns of low mortality, low incidence of disease and well-nourished children, could we have produced them under the circumstances obtaining in 1908? Grey hairs and retirement came only too often to our predecessors, before their ideas reached fruition in our time. What we regard as our work has been achieved by their long struggle against lack of funds and apathy, often apathy of the parents of the children whom they aimed to help.

APPENDIX II.

CHANGES IN PHYSICAL EDUCATION OVER THE LAST FIFTY YEARS AND BEFORE

The vast strides that have taken place in the development of physical education may be appreciated when reference is made to early records, the work as it used to be in our City schools.

27th August, 1879. Meeting of the Hull School Board :

Minute 662 " That Mr. W——— M———, of Hull, be appointed Teacher of Drill at a salary of sixteen shillings per week to commence from the date of entering on his duties."

Minute 663 Amendment " That in the opinion of this Board the appointment of a Teacher of Drill would be an unnecessary expenditure of public money."

The amendment was lost and subsequently the visit of the Drill Sergeant became a regular feature in the Hull schools.

1st September, 1879. Extract from the Log Book of Sir Henry Cooper Boys' School :

" The Drill Instructor attended to-day for four-hours. Standards III IV, V and VI were divided into four sections and had each one hour's drilling."

The playgrounds must have echoed to the staccato commands and the stamp of feet as repeatedly the boys were taught how to stand to attention, form fours, turn to the right or left and march with true military precision up and down and round the school yard.

It was necessary from the start for the teacher to be associated with these drill lessons.

24th August, 1883. Log Book, Fish Street Boys' School :

"A regulation has been forwarded from the Office requiring that each teacher should accompany his class during the drill lesson to learn the method and assist in maintaining order."

In a similar manner extracts from the log books of some of the girls' schools give an indication of the type of work being taken.

13th April, 1888. Beverley Road Girls' School :

“ Began to teach musical drill.”

13th May, 1892. Courtney Street Girls' School :

“ I have given the dumb-bell drill into Miss E———’s hands and the scarf drill into those of Miss R———.”

15th February, 1897. Beverley Road Girls' School :

“ The Swedish Drill was introduced into the class this week.”

Following the publication of a manual of instruction in 1902 and later the official syllabus by the Board of Education in 1904, reprinted, 1905, and revised and expanded, 1909 (“ to be based broadly on the Swedish system of education exercises which had been widely adopted on the Continent, as well as in the British Navy and Army!”), the “ physical training ” lesson then became the responsibility of the teacher.

Swimming classes for a few selected children commenced in April, 1905. Although school team matches had been organised as early as 1st October, 1898, by the various school sports associations as after-school-hour activities, the organised games lesson with visits to playing fields as part of the curriculum was not introduced until after the first world war.

To-day the new schools being erected in the city are provided with excellent facilities for physical education. The primary schools have indoor halls equipped with climbing apparatus, large playgrounds and playing fields. The secondary schools have modern gymnasias, large playing fields for major games and special practice training facilities and hard courts for tennis, cricket, athletics, basket ball and netball.

Much is done to provide the schools near the central areas of the city with suitable facilities. Halls have been adapted for gymnasium use by the erection of some fixed apparatus and a supply of portable apparatus and, where no indoor accommodation is available at the school, arrangements have been made for classes to attend central gymnasias.

Every boy and girl of the appropriate age is able to visit at least once each week for organised games instruction one of the forty playing fields of varying sizes totalling some 450 acres, now owned by the Education Committee. The children are also encouraged to take part in evening and weekend school club activities organised by School Sports' Associations and other organisations.

Swimming instruction in a city with rivers and an open drainage system of wide dykes and ditches will always be considered an important part of the school curriculum. Every swimming bath available in the city is hired and used to capacity so that some 17,500 children in 440 classes attend for instruction each week. Every child attending school is given the opportunity to learn to swim.

In the course of the fifty years since the publication of the first Board of Education syllabus, physical education has developed from the days of "drill" given to large numbers ranged in straight lines in the school yard to the present system where the teacher controls and coaches the class, ensuring continuous activity whilst maintaining freedom for each child to develop his individual ability and improve his skill through purposeful and enjoyable exercise.

